

Maryland STATE MEDICAL JOURNAL

Medical and Chirurgical Faculty of the State of Maryland

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CONTINUATION OF 1957 TRANSACTIONS

Medical and Chirurgical Faculty of the State of Maryland

One Hundred Fifty-Ninth Annual Meeting

Baltimore, Maryland

Wednesday, Thursday, Friday, May 1, 2, 3, 1957

PRESIDENTIAL EVENING, MAY 2, 1957

BUSINESS SESSIONS

Semiannual Meeting, September 21, 1956

Beach Lounge, Commander Hotel

Ocean City, Worcester County, Maryland

Annual Meeting, May 1, 3, 1957

Osler Hall, Medical and Chirurgical Faculty

1211 Cathedral Street, Baltimore, Maryland

TRANSACTIONS FOR 1957

MARYLAND STATE MEDICAL JOURNAL

Volume 6, No. 8, August 1957, Scientific Papers and Membership Roster

Volume 6, No. 9, September 1957, Papers Presented in Presidential Evening,
Minutes of House of Delegates Meetings and Reports

ANNUAL MEETING

PRESIDENTIAL EVENING

Thursday, May 2, 1957—8:15 p.m.

Charles Room, Sheraton Belvedere Hotel*

Baltimore, Maryland

Following the Presidential Dinner, the evening meeting was called to order by C. Reid Edwards, M.D., President, presiding. Dr. Edwards called upon the Rev. Dr. Kenneth Ray Rose, Minister of Lovely Lane Methodist Church, Baltimore, Maryland, for the Invocation. Dr. Edwards introduced Mrs. Homer Ulric Todd, Sr., President of the Woman's Auxiliary to the Medical and Chirurgical Faculty.

DR. EDWARDS: Next will be a Presentation of the Portrait of Dr. Joseph Albert Chatard by Dr. Walter D. Wise:

PRESENTATION OF A PORTRAIT OF DR. J. ALBERT CHATARD

WALTER D. WISE, M.D.

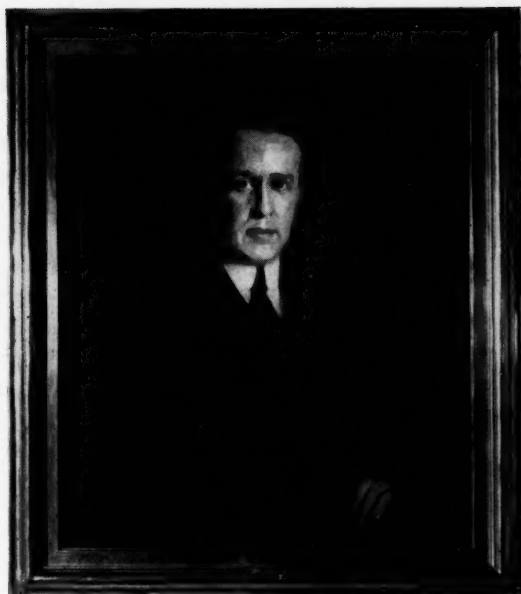
On one occasion Nathaniel Hawthorne stated "A needful frugality, benignant alike to both participants in human utterance, has limited the allowance of each speaker this evening to 10 minutes." This would not be sufficient time to do justice to our subject. However, the fact that Dr. Chatard has been written and spoken about so much makes what I have to say tonight entail less responsibility. There is not time to recount in detail his interesting family history of five doctors of medicine in direct line, counting his son Ferdinand, who survives him, but I would like to mention that he also had one uncle who was a doctor and a brother, who was a medical student and received his diploma on his death bed. I would also like to call to your attention, I believe for the first time in public, that Dr. Albert Chatard's daughter married a doctor, whose great, great grandfather was Pierre Chatard, who was the great grandfather of our subject. The daughter and her doctor husband have a son now taking a premedical course.

There is not time either to even outline his most valuable contributions to medicine and to its organizational and social aspects. By the last mentioned, I refer to small groups of doctors banded together for social contacts. In one of these especially he was the ever faithful moving spirit of a delightful dinner club. By his organizational accomplishments I refer chiefly to the great efforts he put forth for this Faculty.

A rather intimate knowledge of his activities from the first decade of this century leads to the opinion that no man during these 50 odd years gave as much of his time and energy to the welfare of this organization as did Dr. Chatard and no one loved it more or quite as much.

Verification of these statements is in the records and in the memories of his contemporaries and fellow workers, medical and lay. As young as he was at the time, he played an important part in the building of our present headquarters and library. Over the years he was elected to all the important offices of the Faculty, serving it until illness forced him to curtail his activities. He had held the positions of Secretary, Councillor, Vice President, President, and for many years was its

* The addresses followed the Presidential Dinner.



Joseph Albert Chatard, M.D.*

Treasurer. The records and publications of this Faculty and other groups contain splendid tributes to him.†

For data on his useful life the medical chronicler or historian are referred to these readily available records and thus permit us to spend a moment upon a type of accomplishment that might fade with time and with those who knew Dr. Chatard—unless someone puts it in the record.

I refer to his intangible and non-scientific contributions to his period and enter a plea that these not be forgotten—that all effort be made to perpetuate their kind. Allusion has been made to his unusually long service of devotion to and work for this Faculty as a whole and to certain small groups—but perhaps an equally important contribution was the standard that he set in his relations with his fellow human beings within the profession and with the laity—whether within his practice or not.

Too much emphasis cannot be laid upon his gentleness, his kindness, his courteous manners, his consideration of others and his appreciation of the efforts of others and his humanitarianism; in short, his success in being a high type and polished doctor.

Levasseur, Lafayette's secretary, spoke of "the elegance and delicacy of manners in which we find the amiable union of American frankness and French ease."‡

Dr. Chatard was an excellent example of this type of heritage.

In this age of hurry and stress and great economic prosperity, of high science and skill, rapid evo-

* Portrait painted by Maria Deford Keller in 1929 when Dr. Chatard was forty-nine years of age.

† Dr. Warfield M. Firor's article in *Maryland State Med. Jour.*, Feb. 1956; Dr. John T. King's tribute in the *Maryland State Med. Journal*, April 1956; Dr. Charles Austrian's tribute in the minutes of the Council, May 4, 1956; Editorial in the *Evening Sun*, January 28, 1956; Editorial in the *Morning Sun*, January 31, 1956; the minutes of the Council, April 24, 1956; the Minutes of the House of Delegates, May 4, 1956.

‡ Baltimore as seen by Visitors—Raphael Semmes—page 65.

lution or revolution of education and training,—isn't there danger of having these successes push aside some of the amenities so necessary in the physician's life,—more necessary perhaps than in any other profession? This is not questioned by one individual only—it is being noted and discussed in educational circles.

It may be permissible for an elderly member of this Society, who has viewed the medical scene for over half a century, to be so bold as to express a hope that medical schools will not put all emphasis upon cold ability and science to the entire exclusion of some of the warm gracious attributes of Albert Chatard.

For a long time, I would like to say forever, his spirit will hover about Baltimore to its betterment. Much of the spiritual effect will be at 1211 Cathedral Street. To further add to his influence there, his family has generously given his portrait to grace the walls of Osler Hall.

Mr. President, it is my great honor to transmit to the Medical and Chirurgical Faculty the portrait of one of its most devoted and beloved sons, whose life is a great example to members of this Society and the profession at large.

DR. EDWARDS: Thank you, Dr. Wise. Next is the Presentation of a Portrait of Dr. Emil Novak, by Dr. W. Royce Hodges.

PRESENTATION OF A PORTRAIT OF DR. EMIL NOVAK

W. ROYCE HODGES, M.D.

Dr. Edwards, Distinguished Guests, Ladies and Gentlemen. To speak of the passing of some men may present a difficult task. The difficulty in this case is that no words of mine do full justice to the life of Dr. Emil Novak.

Dr. Novak was the first child of John and Mary Novak, born in East Baltimore, March 8, 1884. Baltimore has always been his home. He was known, loved and honored here and throughout the world.

Whatever the honors that have been showered upon him, and whatever the findings of his researches, he was and always will be what the public knows as a Doctor. Medicine with him was a way of life. It was, thanks to the Novak family physician, Dr. Henry Thalenberg, that young Emil's footsteps were guided in the way of medicine.

Dr. Novak graduated from Baltimore Medical College in 1904, and began his practice in this city at the age of twenty.

In 1913, Elizabeth Rogers, sister of Edmund Rogers, one of Dr. Novak's very dear friends, and Dr. Emil were married. Their eldest son appropriately was named Edmund Rogers Novak. Unfortunately, Dr. Edmund is ill this evening and unable to be with us. Their daughter Betty, Mrs. William Schmick also survives Dr. Novak.

If Dr. Novak had one hobby—if one can speak of it as a hobby—it was his adored grandchildren of whom there are six.

His writings and teachings in the field of Gynecology and especially gynecological pathology are known throughout the world. More and more in his early years he was in demand as a teacher and speaker. He taught at the old Baltimore Medical College; later at the University of Maryland and Johns Hopkins University. He was offered the Chair of Obstetrics and Gynecology in Jefferson, in Philadelphia, but declined so that he would be able to remain in his beloved Baltimore.

I will not attempt to enumerate his many papers, of which there were a very large number, or



Emil Novak, M.D.*

to mention the names of his text books. But there was one labor of love to which he devoted himself which all of us should know.

In 1946, Dr. Novak, along with Dr. Nicholson J. Eastman became co-editors of the *Obstetrical and Gynecological Survey*. All of us who had the privilege of reading this *Journal* are aware that the editorial comments were not of the garden variety. When the *Survey* arrived in one's office or in one's home, Dr. Novak and Dr. Eastman came with them. This delightful ability both of them had is quite unusual and something that all of us greatly appreciate.

In 1929, through the efforts of Dr. Novak, the Baltimore Obstetrical and Gynecological Society was formulated, and in honor of him he became its first President. When this Society was expanded in 1951, to become statewide, he was again elected President.

Among his honors, two were particularly dear to his heart. In 1947, he became President of the American Gynecological Society and in the following year he went to England to become Honorary Fellow of the Royal College of Gynecologists and Obstetricians.

I have here a telegram just received from one of the country's well-known publishers and I wish to read it:

"We wish to add our humble respects to your tribute to Emil Novak. Above and beyond the great scientific and educative value of his contribution, he has demonstrated better than almost any man of his era that the printed word of Medicine can also be literature. We are all grateful that our lives have been influenced by this splendid man."

We, too, are happy that he was allowed to know the great esteem and affection in which he was held by all of us. The dinner honoring him at the time of his 70th birthday will never be forgotten. In the past few years, Dr. Novak's health had failed noticeably. He spent prolonged periods in the hospital in the latter part of last year, but was able to be present at the December meeting of the

* Portrait painted in 1956 by Charles Fox from a photograph of Dr. Novak when he was sixty-five years of age.

Obstetrical and Gynecological Society. Plans for this portrait, under the Chairmanship of Dr. John Woodruff, had been afoot since April of last year, and it was first publicly unveiled on that evening, December 13th. Dr. Novak's response to Dr. Eastman's beautiful presentation was so characteristic that I would like to try to pass on his remarks to you.

He told us that for some reason, his Cardiologist had suggested that he talk no longer than two minutes, and then he hesitated and said: "All of you who know me, know that that is completely impossible"—and he continued in a similar vein and finally concluded as follows: "If my having overstepped the bounds of time in my remarks should be the cause of cutting down in the number of my heartbeats, my pleasure in this evening will be more than worth it."

On the morning of February 3, 1957, Dr. Novak peacefully passed away. We will all miss him and remember him for many years to come.

Mr. President, on behalf of the Obstetrical and Gynecological Society of Maryland, it is my privilege to present the portrait of our first President and Founder, Dr. Emil Novak, of Baltimore. Thank you.

DR. C. REID EDWARDS: To the family of Dr. J. Albert Chatard, and to the family of Dr. Emil Novak, and to the Obstetrical and Gynecological Society of Maryland, and to the artists who executed these portraits, and to Dr. Walter Wise and Dr. W. Royce Hodges, the Medical and Chirurgical Faculty wishes to say thank you very much.

In accepting these portraits for the Faculty, I am impressed by the interesting coincidence of the situation tonight. Those of us who have been associated with the Medical and Chirurgical Faculty for four or more decades, learned to know these two physicians extremely well. The particular type of practice which they chose, the service that they rendered to the Faculty and to the Community, crystallizes the advantages of an independent individualism in medical practice in this great nation of ours.

They were quite opposite in their characteristics. Certainly there was no one who liked to speak any more than Dr. Novak and I doubt if there is anyone who could speak as interestingly and who could hold an audience more attentively. Politicians missed a great vote-getter when he went into Medicine.

Nobody was more able and no one exhibited a greater degree of fineness in practice than did Dr. Chatard. No individual contributed more to the Faculty than he did for over fifty years. The Medical and Chirurgical Faculty is honored in having these portraits presented. We hope that they will adorn the walls of Osler Hall as do many others, and that they will prove a stimulus to many oncoming generations of physicians.

I believe that I am acquiring a distinction tonight that no President of the Medical and Chirurgical Faculty in 159 years has ever attained. I will be the first President not to make a Presidential address. When we invited the President of the American Medical Association to come here to make a speech, I thought it would be bad taste for a host to make a speech preceding the one to be made by his guest. However, I would like to make this brief comment.

I believe that this is the most enthusiastic meeting of the Medical and Chirurgical Faculty that I have attended now for about 43 or 44 years. I think it is due to the fact that during the past year considerable effort has been made by the Officers of the Faculty at 1211, to streamline the organization so completely that you wouldn't recognize it. When the problem of streamlining was presented before the House of Delegates, yesterday morning, the scissors were used very beneficially for the Medical and Chirurgical Faculty. As a result, there has been an open discussion of many important phases of our activity and I believe it has resulted in a tremendous reactivation of the Faculty. I see no evidence of decadence.

Our speaker tonight on the Harvey Grant Beck Memorial Lecture is Dr. Dwight H. Murray. How fortunate the American Medical Association is, we have learned today. Insofar as I know, and for many, many years, this

is the first time that a doctor, classified as a General Practitioner or Country Doctor, has been elevated to the highest office that the American Medical Association has to offer.

A tremendous amount of background literature was sent here about Dr. Murray. I think most of it can be kept back for 25 years and then used as an obituary. Doctor, I'd rather put it in my own words.

Dr. Dwight H. Murray, born on a farm in Indiana, had the wonderful privilege and opportunity of being compelled to work hard. Through arduous years, he finally received his medical degree. This puts him in a similar position to thousands of other boys in all walks of life in this great country of ours. When he completed a tour of duty in the Navy, and completed his medical education, he elected to go into a rather small community in California and he immediately made himself a citizen of that area. It would be hard to state which he regarded as more important, being a citizen or being a physician to the people who needed him. He has served the California State Medical Profession, the Medical Society and the American Medical Association in many important posts. Like a chemical, he finally crystallized and is now the President of the American Medical Association. Dr. Murray, we welcome a Mid-Westerner to the East.

SOCIO-ECONOMIC ISSUES CONFRONTING MEDICINE¹

DWIGHT H. MURRAY, M.D.²

My visit here tonight marks the beginning of the last lap of my two-year term in the service of the world's greatest medical organization—the American Medical Association.

For 23 months I have had the extreme pleasure of speaking in behalf of the A.M.A. and its 160,000 members. Therefore, before I wind up my tour of duty I am glad to have this opportunity to be with you during this one hundred and fifty-ninth annual meeting of the Medical and Chirurgical Faculty of the State of Maryland.

As you probably know, your own Dr. Barte-meier and I recently completed a month-long tour of the naval hospitals in the Pacific and the Far East. We also paid a visit to several medical societies in that area and to some hospitals of Japan, Formosa and the Philippines.

After this tour I am more convinced than ever that American medicine holds the torch of world medical leadership.

Today we are expected to be the leaders . . . not the followers . . . in medical education, post-graduate training, research, rehabilitation, preventive medicine, voluntary prepayment plans, and scores of other medical matters.

My own feeling is that we will continue to carry this torch, and that medicine in America will not shrink from its gigantic duties and obligations to the sick and injured and to the profession around the world.

The medical profession zealously searches for improvement in medical care and practice. It welcomes suggestions for change, reform and improvement; it promises full study of new ideas, and it assures adoption of those which will give better medical care to patients.

Of course, it is difficult to know what the future will bring, but this I do believe: Medicine in the future will be even better than it is now.

I do not have to tell you that there have been actual and attempted encroachments from various quarters on our freedoms and professional ideals. It also would be unrealistic for me to predict that more interference is not coming or is not planned. But I have great confidence in our professions, and I am certain that we can meet the challenge.

¹ Harvey Grant Beck Memorial Lecture. Presented at the One Hundred Fifty-Ninth Annual Meeting of the Medical and Chirurgical Faculty of the State of Maryland, on Thursday, May 2, 1957, at the Presidential Dinner at the Sheraton Belvedere Hotel, Charles and Chase Street, Baltimore, Maryland.

² President of the American Medical Association.

Years ago the American patriot Thomas Paine warned that those who expect to reap the blessing of freedom must bear the fatigues of supporting it.

My advice would be similar to Paine's: Those who expect to reap the blessing of the private practice of medicine must bear the fatigues of supporting it.

FEDERAL LEGISLATION

Several months ago when I was in the East, I ran across a short editorial in the *Philadelphia Inquirer*. I don't recall the title, but I think I would label it: "What's in it for Me?" The editorial went something like this:

"Is socialized medicine responsible for the fact that liquor consumption in Great Britain has reached an all-time high?

"One wonders after reading the story of Al Gradek, whose circulation was bad and who was given a prescription of 'free' scotch whisky by the Ministry of National Insurance.

"When one bottle failed to relieve Gradek's circulatory troubles, another bottle was prescribed. Then another bottle, and another. After the fifth, eighth, or tenth bottle, one would have expected the Ministry of National Insurance to suggest some other remedy. Not so.

"Gradek had received no less than 72 free bottles of scotch before it all ended—when he was hauled before a London magistrate on charges of drunkenness.

"That scotch didn't cost Gradek a cent. But it was paid for. That's the tough little fact that advocates of 'free medical care' never like to mention. It has to be paid for—whether the prescription calls for 'free' scotch or 'free' castor oil. And even 'free' aspirin won't cure the headache of the taxpayer as he foots the bill for it all."

From this fellow's standpoint there was plenty in the scheme for him—namely 72 bottles of scotch. But what about the interests of the rest of the folks?

I am reminded of this story of the 72 bottles of scotch and "What's in it for Me?" Every

time I total up the number of medical and health measures introduced in Congress. In the first three months of the first session of the 85th Congress, 285 bills with primary medical implications have been introduced.

Undoubtedly, there is a lot in these bills for certain individuals. But what about the rest of the folks?

Already the 285 medical or health bills are more than the 220 bills introduced during the entire two-year period of the 80th Congress. They already are half the total of the 571 medical bills introduced in the two years of the 84th Congress, and the legislators have a year and several months to surpass the 571 figure.

It is unfortunate, but true, that the trend is to introduce more and more medical-health legislation.

Trends within the legislation already introduced are becoming apparent, too.

As we expected, bills seek to change the required age of 50 for cash disability benefits under the recently amended Social Security Act to any age. Or in other words, the bills seek to eliminate the age requirement altogether. We all knew the proposal to lower the age limit was coming, but perhaps we didn't think the legislators would get around to it so quickly.

Now we wonder how long it will be before payments to dependents of the disabled are proposed. Or how about payments to those who are disabled only temporarily, or cash benefits to pay for both hospital and medical care? And ultimately a full-fledged system of government health "insurance?"

Other new Congressional bills in the Social Security field concern the inclusion of physicians under the Old Age and Survivors Insurance program and the furnishing of free hospital benefits for all OASI beneficiaries over age 65. Already there are more than 20 bills that would authorize various studies dealing with problems of the aging. But only one suggests that the present Social Security program be reviewed and re-evaluated.

Again, as in previous sessions, there is a larger number of bills dealing with veterans' medical benefits. No one, however, has yet introduced a bill that embraces our position and eliminates the present system of federal responsibility for non-service-connected medical care for veterans and returns that responsibility to the individual and the community or state where we believe it rightfully belongs.

Congressman Teague of Texas has introduced a bill that would be a step in the right direction. It would tighten up the administrative procedures for checking on the economic status of a veteran with a non-service-connected disability who claims to the Veterans Administration that he is unable to pay for his own medical care.

These are just a few of the legislative issues confronting medicine. Time does not permit me to go into them all.

I believe all of us should remember that in the 84th Congress there were more bills—adverse to the private practice of medicine—enacted during that two-year period than in any other comparable period in our history.

This all happened primarily because those individuals and groups whose philosophies differ from ours increased their activities and their efforts tremendously. We simply did not keep pace.

If we are not concerned about federal legislative affairs, we are sure to have an 85th and an 86th Congress patterned along the same lines as the 84th.

Years ago we won a major legislative battle because medicine received support and cooperation at the grass roots. Then every physician knew the issues and he was willing to discuss them with his legislators, his patients, his friends, his fellow members in civic clubs and his fellow churchmen.

Since that victory interest in federal medical legislation has waned. The results of the 84th Congress reflect our decline of interest, and all of us must assume our share of the responsibility for the passage of certain bills.

During the 84th Congress we probably had only one-tenth of the cooperation we should have had. Let's not repeat this kind of a performance in the 85th and succeeding Congresses.

MEDICARE

One of the continuing issues before medicine is the federal medicare program.

This year private practitioners, for the first time, are confronting many thousands of men and women in a doctor-patient relationship arranged by Uncle Sam via Medicare. This new federal program covers the bulk of medical-surgical and hospital needs for some two million dependents of U. S. Military personnel.

As you know, the law became operative on Dec. 7, 1956, and now it is in effect in 48 states and the District of Columbia—by virtue of contract in 46 states and the District of Columbia and in two states by virtue of an insurance company being designated as the fiscal agent for the government by the Department of the Army.

After six months of operation Medicare has run into a few problems.

For the physician one of the biggest headaches has been the Medicare form, a detailed and cumbersome thing. Reportedly as many as 50 per cent of the forms are returned to physicians for further information. Naturally, this slows up the administration of the program and adds to the expense.

Prior to activation of the Medicare program, A.M.A. representatives urged that consideration be given to administrative forms. They asked that the forms be simplified in line with the abbreviation of other forms requiring medical certification. The representatives were told, however, that the primary objective was to get the program inaugurated, and the forms would have to receive more attention at a later date.

Well, as of April 15, 1957, the ODMC (Office for Dependents' Medical Care) has requested information and recommendations regarding a revised format. It also has indicated that there is a possibility of having three separate forms—

one for hospitalization, another for obstetrical cases, and a third for surgical and medical cases.

In addition to the problem of forms, there has been some pressure for expansion of the Medicare program. Suggestions have been made for liberalization of the program to include outpatient care; drugs; infant care for a period of one year; expanded medical care benefit provisions in physicians' offices, and several others.

However, Major-General Paul I. Robinson, director of ODMC has indicated that his office has no plans for recommending major changes in the program—certainly not until more experience has been accumulated within the present program limits.

Although there still are varying feelings within the profession on the Medicare program, the A.M.A. and its Task Force on Medicare will continue to work closely with the Defense Department in the development of regulations so long as Medicare is the law of the land.

MEDICAL COSTS

Perhaps a more important continuing issue confronting medicine is the contention that medical costs are too high.

It disturbs me to hear persons claim that medical care costs are out of line with other items in today's family budget. Personally, I cannot agree that medical care is too costly. I firmly believe that medical care is an excellent buy; in fact, I would be willing to match it with any other so-called bargain item today. I am convinced that it not only would rate high, but also would most likely be listed as the top buy among bargain items.

True, medical costs have gone up, but so has everything else. The important comparison to make is how far and how fast have medical costs risen in relation to the average American's income, purchasing power, and payments for other services and commodities.

If we go back to the base period of 1935-39, we find the entire consumer price index, which includes all commodities and services, has risen

91.4 per cent. Breaking this down, we find that all commodities have more than doubled in price—105 per cent. All services have increased about 80 per cent.

How do medical costs compare? Very favorably indeed. Medical care and drugs have gone up less than 78 per cent! Physicians' fees less than 66 per cent! House calls by general practitioners only 55 per cent! Surgical fees for an adult appendectomy less than 52 per cent!

By comparison, food rose 124 per cent; furniture up 123 per cent, and men's street shoes 171 per cent.

Another important factor relating to medical costs is the reduction in the average length of hospital stay and the shorter period of treatment and convalescence which is now possible for many types of illness.

For example, since 1935-39 the average stay in a general hospital has dropped from 14 days to eight days. This represents a saving of more than a full week's wages for the worker on a five-day week.

These few brief but vital facts, I believe, are adequate to show that medical care prices have been followers, not leaders, in the rising price index. Rather than contributing to inflationary conditions, they have been pressed hard by price rises elsewhere in the economy.

DOCTOR SHORTAGE

Another issue that gets much public attention is the cry about the so-called shortage of physicians.

During my 23 months in office I have tried to make a personal, on-the-spot survey of this problem. Nowhere have I found anything that could be labeled a doctor shortage. And I might add that my travels have not been confined only to large cities, either. I have been in many of our rural states, and I have found no alarming shortages.

Sure, there are some small communities that want a doctor and cannot get one. But almost everyone of these communities doesn't have the

facilities for a physician, or there are not enough patients to support a doctor and his practice.

Today medical schools are turning out almost 7,000 doctors annually to match the unprecedented growth of the United States. This doctor output will continue, too, for our schools are smashing all previous records for enrollment. Now almost 29,000 men and women are training for the medical profession.

What's more, new medical schools are being established year after year and others are increasing their facilities to accommodate more students.

Since 1910 the population has risen $82\frac{1}{2}$ per cent, but in the meantime the output of doctors has increased 116 per cent. Since the boom in American population began in 1940 the general population has increased 27 per cent, but enrollment in medical schools has risen 34 per cent.

Today the average net gain in doctors is 3,723 annually, or more than enough to take care of our rapidly expanding nation.

CONCLUSION

I do wish I had several hours to talk about some of the other important socio-economic issues that confront us from day to day. But I'm afraid I have already exceeded my time limit.

So in closing I would just like to remind every doctor that how well we resolve our socio-economic problems will depend upon each individual and his personal efforts. None of us should depend upon the other fellow to get the job done.

And remember, no individual contribution to the good of the profession and to the welfare of the patient is too small. A hundred small opportunities are yours and mine each day. Let's not neglect them, for tomorrow they will be gone.

As I have said on many other occasions, our own apathy can be detrimental to the entire profession.

*1110 First Street
Napa, California*

DR. EDWARDS: Thank you very much, Dr. Murray. Now, it is my privilege to present you with this honorarium for delivering the Harvey Grant Beck Memorial Lecture. I hope you will come back East again.

DR. MURRAY: Thank you very much, Doctor. I will place this in the funds for the American Education Fund.

DR. EDWARDS: It is yours to do as you wish, Doctor.

DR. MURRAY: I'll be most happy to do it.

DR. EDWARDS: It certainly is evident that Dr. Murray has his ties in the grass roots; and that they have bared deeply enough to obtain nourishment.

We will stand and have Benediction by Dr. Rose.

EDITORIAL BOARD, MARYLAND STATE MEDICAL JOURNAL**A RESOLUTION—EMIL NOVAK, M.D.**

WHEREAS Dr. Emil Novak, honored citizen and eminent physician served with distinction as a member of the Editorial Board of Maryland State Medical Journal and,

WHEREAS the Editorial Board has noted with profound grief the death of Dr. Emil Novak and,

WHEREAS sentiments of grateful appreciation for his valuable services to the Journal are foremost in the minds of the Members, said Editorial Board, therefore,

BE IT RESOLVED that the Board at its annual meeting expresses sentiments of appreciation and profound grief in this official document to be tendered the Council of the Medical and Surgical Faculty with the annual report as an official minute, and

BE IT FURTHER RESOLVED that this expression be entered formally in the records of the House of Delegates through this report and,

BE IT FURTHER RESOLVED that a copy of this resolution be sent to his family.
16th day of April 1957

LESLIE E. DAUGHERTY, M.D.

HUGH J. JEWETT, M.D.

WILLIAM B. LONG, M.D.

MR. JESSE MARDEN, IV

JOHN A. WAGNER, M.D.

A. EARL WALKER, M.D.

GEORGE H. YEAGER, M.D.

Business Sessions

SEMIANNUAL MEETING

Friday, September 21, 1956

House of Delegates

BEACH LOUNGE, COMMANDER HOTEL

OCEAN CITY, WORCESTER COUNTY, MARYLAND

MINUTES OF THE 220th MEETING*

Friday, September 21, 1956

The 220th meeting of the House of Delegates was called to order by the President, Dr. William H. F. Warthen, on September 21, 1956 at 9:30 a.m. in the Beach Lounge of the Commander Hotel in Ocean City, Maryland.

The following members registered: Doctors Robert C. Abrams, Baltimore City; Walter A. Anderson, Baltimore City; John G. Ball, Montgomery County; A. N. Barr, Somerset County; Jacob W. Bird, Montgomery County; Helen Bowie, Baltimore City; M. McKendree Boyer, Montgomery County; Leo Brady, Baltimore City (Council); A. Talbott Brice, Jefferson (Council); Howard M. Bubert, Baltimore City (Council); Walter B. Buck, Baltimore City; Read N. Calvert, Montgomery County; Robert vL. Campbell, Hagerstown (A.M.A. Delegate); Thomas A. Christensen, College Park (Council); C. Lockard Conley, Baltimore City; Ernest S. Cross, Jr., Baltimore City; Melvin B. Davis, Baltimore County; Everett S. Diggs, Baltimore City (Secretary); C. Reid Edwards, Baltimore City (President-Elect); Edward J. Edelen, Charles County; Wolcott Etienne, Prince George's County; Robert W. Farr, Kent County; Warfield M. Firor, Baltimore City (Council); Wetherbee Fort, Baltimore City (Treasurer); N. R. Freeman, Jr., Baltimore City; William E. Gilmore, Baltimore City; Albert E. Goldstein, Baltimore City (Council); Lewis P. Gundry, Baltimore City (Board of Medical Examiners); J. Roy Guyther, St. Mary's County; Jacob C. Handelsman, Baltimore City; Thurston Harrison, Talbot County; Philip Heuman, Harford County; I. Bradshaw Higgins, Baltimore City; Ralph G. Hills, Baltimore City (Council); Clewell Howell, Towson (Council); Irvin G. Hoyt, Queen Anne's County; Harry C. Hull, Baltimore City (Council);

* Key for minutes: "Caps" for recommendations and resolutions that are adopted. "Caps" and "small caps" for recommendations that are *not* adopted. "Italics" for motions which are adopted.

R. Donald Jandorf, Baltimore City; Marius P. Johnson, Baltimore City (Parliamentarian); Robert W. Johnson, III, Baltimore City; Kenneth B. Jones, Dorchester County; Theodore Kardash, Baltimore City; R. F. Kieffer, Jr., Baltimore City; George J. Kreis, Jr., Cecil County; William T. Layman, Washington County; Gerald W. LeVan, Washington County; William D. Lynn, Baltimore City; Robert E. Mason, Baltimore City; Randall McLaughlin, Anne Arundel County; Ross L. McLean, Baltimore City (Council); R. S. McVaugh, Carroll County; Karl F. Mech, Baltimore City (Legislative Comm. Chrmn.); Samuel Morrison, Baltimore City; Waldo B. Moyers, Prince George's County; Nathan E. Needle, Baltimore City; C. F. O'Donnell, Baltimore Co.; Leland B. Ranson, Allegany-Garrett County; S. T. R. Revell, Jr., Baltimore City; Norman E. Sartorius, Sr., Worcester County; Norman E. Sartorius, Jr., Pocomoke City (Council); L. R. Schoolman, Frederick County; E. Roderick Shipley, Baltimore City; Martin L. Singewald, Baltimore City; Stedman W. Smith, Wicomico County; W. Glenn Speicher, Westminster (Council); Douglas H. Stone, Baltimore City; Martin E. Strobel, Baltimore County; J. Frank Supplee, III, Baltimore City; John H. Trescher, Baltimore City; Hugh W. Ward, Calvert County; William H. F. Warthen, Baltimore City (President); George H. Yeager, Baltimore City (Past President); John D. Young, Jr., Baltimore City.

ANNOUNCEMENTS

After the announcements concerning the privileges of the floor, registration, submission of resolutions, recommendations and motions in writing, Dr. Marius P. Johnson was introduced as parliamentarian.

ADOPTION OF MINUTES

The House of Delegates dispensed with the reading of the minutes of May 2 and 4, 1956, and accepted them as mimeographed and mailed on August 14, 1956 to the members of the House of Delegates, and the Presidents and Secretaries of the Component Medical Societies.

DR. CHARLES R. AUSTRIAN

The memorial to Dr. Charles R. Austrian, written by Dr. Walter D. Wise, at the request of the Council, was read after which the members of the House of Delegates remained standing for a moment of silence.

The Medical and Chirurgical Faculty has lost one of its most distinguished and valued members. For 44 years Dr. Charles Robert Austrian was an active and interested member of this Society. His activities ranged from committee memberships to committee chairmanships, membership in the Council and the presidency. He filled many special appointments, playing an important part in the activities of the Finance Committee, the Committee on Constitution and By-Laws and was most influential in the adoption of the Blue Cross and Blue Shield Plans.

In 1943 he was elected President of the State Society and graced this position in the highest tradition. It might have been thought that this would release him from further obligation to the Faculty, however, upon expiration of his presidential year, he was re-elected to the Council and remained a member until the end of 1955. Having been elected to the Council in 1925 and serving uninterruptedly (ex-officio in 1943) for 30 years sets a record. During this period he was a much sought, busy practitioner and consultant, yet of the 128 meetings held in this period, he was present at 110. By virtue of his membership in the Council he was a member of the House of Delegates all these years.

In the death of Dr. Austrian the loss to the Medical and Chirurgical Faculty is a grave one. Yet, how fortunate we were to have had his services and friendship for so long a period. Many will remember his attributes. For those who had not the privilege of serving with him or knowing him well, there should be a record of his splendid character, his stand for the correct, his ability medically and generally, his kindness, ever forbearing, never harsh, ever proud, never overbearing, his dignity, his devotion to duty, his willingness to sacrifice personal affairs and to use a waning strength for the good of his profession.

The Council will miss his judicial mind, his high tone, his unusual facility in the impromptu use of the English language with such clarity and correctness.

The Faculty has lost a member, who had outstanding attributes of character, high mental attainments and great charm, a rare person—who died as he lived—on the plus side of duty.*

Dr. Austrian would have been an ornament to any line of endeavor—perhaps the study and practice of medicine developed him as he helped to develop medicine and thus was fulfilled Francis Bacon's precept!—

"I hold every man a debtor to his profession: . . . So ought they of duty to endeavor themselves by way of amends to be a help and ornament thereunto."

Preface—Maxims of the Law

*Dr. Austrian was in New York City, on a vacation, and had returned to Baltimore to be with a friend who was a surgical patient.

COMMITTEE TO STUDY THE PROBLEM OF ACCREDITATION OF HOSPITALS (See page 513.)

Dr. Herbert E. Wilgis reported for the Committee to Study the Problem of Accreditation of Hospitals.

Motion—Adoption of Report.

Since final action on this subject will probably not occur for the next year, Dr. Samuel Morrison moved that the Committee be continued. Seconded by Dr. Leo Brady and carried.

EMERITUS MEMBERSHIP

Dr. Harvey B. Stone. *The House of Delegates granted, on recommendation of the Council, that Dr. Harvey B. Stone be given emeritus membership.*

AMENDMENTS TO THE CONSTITUTION AND BY-LAWS (See page 516.)

(Amendments are indicated by CAPITAL LETTERS and PARENTHESIS are for deletions.)

At the request of Dr. W. Houston Toulson, the Chairman of the Committee on Constitution and By-Laws (who could not be present), the Secretary read the proposed amendments to the Constitution and By-Laws.

Affiliate Members. Dr. Diggs read the following explanation: The American Medical Association recognizes active membership of a physician through only one state medical society (constituent associations of the American Medical Association) and in conformity with this information the Committee recommends the following amendments to the By-Laws.

Chapter I. Membership.**SECTION 4. AFFILIATE MEMBERS.**

AFFILIATE MEMBERS SHALL BE PHYSICIANS LICENSED TO PRACTICE MEDICINE IN MARYLAND WHO ARE NOT ELIGIBLE FOR ACTIVE MEMBERSHIP IN THE MEDICAL AND CHIRURGICAL FACULTY BECAUSE THEY ARE ACTIVE MEMBERS IN OTHER CONSTITUENT ASSOCIATIONS OF THE AMERICAN MEDICAL ASSOCIATION.

AFFILIATE MEMBERS SHALL RECEIVE THE JOURNAL AND SHALL HAVE THE PRIVILEGES OF THE BUILDING, THE READING ROOM, THE USE OF BOOKS, THE RIGHT TO ATTEND SUCH MEETINGS AS THEY MAY ELECT, TO HOLD SUCH MEETINGS IN THE BUILDING AS MEET WITH THE APPROVAL OF THE HOUSE COMMITTEE, BUT DO NOT HAVE THE RIGHT OF DEFENSE FOR MALPRACTICE, NOR TO VOTE, NOR TO HOLD OFFICE.

Section (4). *Emeritus Members.* Amend to read "Section 5."

Section (5). *Fifty Year Members.* Amend to read "Section 6."

Section (6). *Non-Resident Members.* Amend to read "Section 7."

Section (7). *Honorary Members.* Amend to read "Section 8."

Section (8). Amend to read "Section 9."

Section (9). Amend to read "Section 10."
Chapter II. Dues and Assessments.

SECTION 3. AFFILIATE MEMBERS.

THE ANNUAL DUES FOR AFFILIATE MEMBERS SHALL BE \$10.00 PER YEAR, AND SHALL BE PAYABLE JANUARY 31, IN ADVANCE, AND SHALL NOT BE LIABLE FOR ASSESSMENT:

Section (3). *Non-Resident Members*. Amend to read "Section 4."

Section (4). Amend to read "Section 5."

Motion—adopted.

Dr. Read N. Calvert moved that the amendment be adopted and this was seconded by Dr. Melvin B. Davis. Dr. Jacob C. Handelsman moved that the amendment be approved, but suggested the following rewording: "The annual dues for affiliate members shall be ten dollars (\$10.00) per year, and shall be payable January 31 in advance. AFFILIATE MEMBERS SHALL NOT BE LIABLE FOR ASSESSMENT. This suggested wording was accepted by Dr. Calvert, and the motion, as amended, was approved.

Nominating Committee. The Secretary then read the proposed change in the Constitution and By-Laws regarding the Nominating Committee:

Chapter VIII. Standing Committees.

Section 1. Delete "Nominating Committee" from paragraph 2 of Section. 1. Insert "Nominating Committee" in paragraph 3 of Section 1.

Amendment:

The standing committees, which are to be named by the President, organized as hereinafter provided, are the (Nominating Committee), Resolutions Committee, Committee on Constitution and By-Laws.

The standing committees, organized as hereinafter provided are: NOMINATING COMMITTEE, House Committee, Finance Committee, Professional Conduct Committee, and Budget Committee.

Section 5. *Nominating Committee*. Delete the first paragraph of Section 5. Amend to read:

Section 5. *Nominating Committee*. THE NOMINATING COMMITTEE SHALL CONSIST OF THE FIVE MOST RECENT LIVING PAST PRESIDENTS, WITH THE SENIOR PAST PRESIDENT TO BE THE CHAIRMAN.

Motion.

Dr. Albert E. Goldstein moved that the recommendations of the Committee on Constitution and By-Laws be disapproved. This was seconded by Dr. Thomas A. Christensen.

Dr. Amos R. Koontz was given the privilege of the floor and stated that although he had, at the last meeting of the House of Delegates, presented this resolution to create the type of Nominating Committee set forth in the amendment, he was in agreement with changes which might alter the number of the past presidents who might be nominated as part of this committee.

Dr. Waldo B. Moyers pointed out that he did not feel that this was a good change in the Constitution and By-Laws as the same men would be on the Committee for five years. He further pointed out that after a man has been president, he becomes less active in the Society, and after five years of

increased inactivity, he would then become Chairman of the Nominating Committee. He believed that a change in the present method of nominating is indicated, but he did not feel that this proposal was a good one.

It was pointed out that an amendment to change the recommendation of the Constitution and By-Laws Committee would not be in order if the meaning of the recommendation were changed.

Motion—adopted. (See above.)

The motion was carried disapproving the recommendation of the Committee on Constitution and By-Laws regarding the Nominating Committee.

Several changes in the recommendations were suggested:

(1) That the Nominating Committee consist of the two most recent past presidents, the senior of which would be the Chairman, and three members to be elected by the House of Delegates. This elicited discussion as to how such members of the House of Delegates would be elected, whether more than one Component could be represented and when such an election should take place.

Motion—adopted.

Dr. Howard M. Bubert moved, seconded by Dr. Thomas A. Christensen, that the House of Delegates recommends that the Nominating Committee consist of the two most recent living past presidents, the senior of whom shall be the Chairman, and three members to be elected by the House of Delegates at the Semiannual Meeting. This motion was carried.

SEMIANNUAL REPORT (Conforming to action of House of Delegates) OF THE MARYLAND MEDICAL AND MARYLAND HOSPITAL SERVICE, INC.

Mr. R. H. Dabney reported for the Maryland Medical Service, Inc., as follows:

The report submitted to you under date of February 28, 1956 sets forth in full the benefits now provided for pathology, radiology, and anesthesiology in our Standard Blue Cross and Blue Shield Plans. There have been no changes since that date, and therefore there is no additional information to submit at this time.

Effective September 1, 1956, certain changes affecting radiology and anesthesiology are being made in the special programs for Bethlehem and U. S. Steel employees, which we administer as agent for the Pennsylvania Plans. Full detailed information on these changes is being mailed to physicians prior to September 1. These changes are summarized below:

- (1) The fee schedule for professional anesthesia services is adjusted and increased.
- (2) The fee schedule for radiation therapy services is increased (and certain restrictions eliminated).
- (3) Benefits for diagnostic x-ray and medical examinations (including electrocardiogram, basal metabolism, and electroencephalogram) are included, under a fee schedule with a maximum limitation of \$75.00 per subscriber during any consecutive 12-month period. These benefits will be applicable either in or out of the hospital.

Bethlehem Steel Corporation. Mr. Dabney further reported that the steel group will have in addition in-patient hospital medical service coverage. Dr. Louis R. Schoolman

questioned why the steel group had a preferred plan and Mr. Dabney stated that this is a result of the negotiations by the steel industry, most of which is in the State of Pennsylvania, and that Maryland Medical and Maryland Hospital Service simply acted as agent for that group. The steel group were able to have greater benefits because they were paying a much higher premium. Dr. Warthen thanked Mr. Dabney, and stated that his semiannual report would be accepted as a matter of record.

HOMEOPATHS (See page 572.)

Dr. Louis P. Gundry reported regarding the Homeopaths and emphasized that there was no quarrel with the Homeopaths as a group, but the recent difficulty which had arisen was with the so-called "Rump" Board of Homeopaths, had resulted in considerable difficulty. The Attorney General has drawn up a revision of the Medical Practice Act, which Dr. Karl F. Mech will present.

REVISED MEDICAL PRACTICE ACT

Dr. Karl F. Mech, Chairman of our Legislative Committee explained that the Attorney General has prepared a Bill in which he has put the changes, which we requested, in the Medical Practice Act regarding the Homeopathic Board that there be an appeal from revocation of a license either by the Board or the person having the license revoked, revocation of a license for narcotic addiction and insanity. (Two years ago the Legislature approved the change of increasing the fee for examination.) This is only a proposed Bill and Dr. Mech assured the delegates and the agent that the Legislative Committee of the Faculty will watch the Bill and be sure there is nothing objectionable in it. Dr. Mech pointed out that by virtue of the fact that this Bill is originating in the Legislative Council of Maryland, there is high probability that it will be passed. He pointed out that this Bill provided most of the things which the Faculty wanted two years ago and could not get.

Power to Remove Members from the Board. Dr. Mech stated that in addition the Bill gave the Governor the power to remove from the Board anyone who is unfit, as provided in certain specifications. He reported that the Council of the Medical and Chirurgical Faculty had requested that the term "insubordination" be clarified in the Law.

COMMENDING BOARD OF MEDICAL EXAMINERS' SUN PAPERS, ETC.

Dr. Mech requested action by the House of Delegates in the form of a motion commending the Board of Medical Examiners of the Medical and Chirurgical Faculty, the Legal Board of the Medical Examiners of the Homeopathic Society and the Attorney General of Maryland, Mr. C. Ferdinand Sybert, and his staff, specifically Mr. Norman P. Ramsey and Mr. James H. Norris, Jr., on the excellent management and cooperation in the prosecuting of the illegal or "Rump" Homeopathic Board, and if approved, copies of this motion should be sent to the parties mentioned. Dr. J. W. Bird suggested that the Faculty also thank the Sun Papers.

Motion—adopted.

Dr. Thomas A. Christensen moved that the Medical and Chirurgical Faculty send letters of commendation, in accordance with the suggestions of Dr. Mech, and also to the Sun Papers. The motion was seconded by Dr. Wetherbee Fort and carried.

Appreciation extended to Dr. Karl F. Mech. Motion—adopted.

Dr. W. M. Firor moved that the House of Delegates express its appreciation to Dr. Mech for his long hours and the great amount of arduous and effective work which he has done. This was seconded and carried.

ARMED FORCES DEPENDENTS MEDICAL CARE ACT (INSURANCE)

Committee to be Appointed in re: Fee Schedule. Dr. Firor summarized for the House of Delegates the action of the Executive Committee regarding the Armed Forces Dependents Medical Care program as follows: "THE EXECUTIVE COMMITTEE RECOMMENDS TO THE COUNCIL THAT THE MEMBERS OF THE MEDICAL RELATIONS COMMITTEE OF THE MARYLAND MEDICAL SERVICE BE USED AS A NUCLEUS OF SUCH A COMMITTEE, AND THAT IT BE AUGMENTED BY THE ADDITION OF REPRESENTATIVES OF PATHOLOGY, ANESTHESIOLOGY, GENERAL PRACTICE, AND BY MORE ADEQUATE REPRESENTATION FROM THE COUNTIES. IT IS FURTHER RECOMMENDED THAT THE CHAIRMAN OF THE COUNCIL MAKE THE APPOINTMENTS FOLLOWING THIS GENERAL PATTERN."

THE COUNCIL HAS CONCURRED IN THIS ACTION AND RECOMMENDS THAT THE HOUSE OF DELEGATES APPROVE THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE.

Motion—adopted.

It was moved by Dr. Firor that the action of the Executive Committee be adopted by the House of Delegates. This was seconded by Dr. Charles F. O'Donnell and carried.

Dr. Firor pointed out that this appointment must be made by the first of October and asked that the delegates give him name suggestions that he might use when selecting the Committee.

BLAIR COUNTY MEDICAL SOCIETY RESOLUTION REGARDING INTERNSHIP

The House of Delegates approved the recommendation of the Council that this body concur with the Blair County Medical Society (Pennsylvania) in its resolution to be presented to the House of Delegates of the American Medical Association, regarding internship. Resolution follows:

RESOLUTION ON INTERN SHORTAGE

WHEREAS, IN THE YEAR 1955 THERE WERE 850 HOSPITALS IN THE UNITED STATES APPROVED FOR 11,048 INTERNSHIPS AND ONLY 6,960 AMERICAN MEDICAL GRADUATES AVAILABLE TO FILL THOSE INTERNSHIPS, AND

WHEREAS, DURING THE PAST 10 YEARS THERE HAS BEEN ONLY A SMALL INCREASE IN THE NUM-

BER OF HOSPITALS APPROVED FOR INTERNSHIPS, BUT IN THE SAME INTERVAL THERE HAS BEEN A 29 PER CENT TOTAL INCREASE IN THE NUMBER OF INTERNS REQUESTED BY APPROVED HOSPITALS; AND

WHEREAS, THE INCREASE IN THE NUMBER OF INTERNS REQUESTED BY APPROVED HOSPITALS IS DUE TO THE CHANGE FROM A TWO YEAR TO ONE YEAR PROGRAM, THE EXPANSION OF BED CAPACITY AND INCREASED UTILIZATION OF APPROVED HOSPITALS; AND

WHEREAS, THERE IS AT PRESENT EXTREME COMPETITION BETWEEN APPROVED HOSPITALS TO ATTRACT INTERNS, AND

WHEREAS, THE A.M.A. ADVISORY COMMITTEE ON INTERNSHIPS IN DECEMBER 1952 AND THE A.M.A. AD HOC COMMITTEE ON INTERNSHIPS IN DECEMBER 1954 PROPOSED TO SOLVE THE INTERN SHORTAGE BY DISAPPROVAL OF THESE HOSPITALS FOR INTERNSHIP WHICH IN THIS COMPETITION WERE UNFORTUNATE ENOUGH NOT TO SECURE A CERTAIN PER CENT OF THE SELF-ASSIGNED QUOTA, THE 1952 COMMITTEE PER CENT BEING 66 AND THE 1954 COMMITTEE PER CENT BEING 25, AND

WHEREAS, THERE ARE MULTIPLE REASONS FOR THE FAILURE OF SOME APPROVED HOSPITALS TO ATTRACT INTERNS, AMONG THEM BEING FAVORABLE COMPETITIVE POSITION OF MEDICAL SCHOOL AFFILIATED HOSPITALS AND LARGE METROPOLITAN HOSPITALS COMPARED TO NON-AFFILIATED AND SMALL RURAL HOSPITALS, AND

WHEREAS, THE 1954 ANNUAL REPORT OF INTERNSHIPS AND RESIDENCIES BY THE COUNCIL ON MEDICAL EDUCATION AND HOSPITALS PRINTED IN J.A.M.A. SEPT. 25, 1954 (VOL. 156, NO. 4, PAGE 316) STATES "A CAREFUL SELF APPRAISAL BY HOSPITALS OF THEIR INDIVIDUAL NEEDS COULD RESULT IN A SHARP DECLINE IN, IF NOT THE ELIMINATION OF, THE OVER-ALL SHORTAGE," AND

WHEREAS, IN THE COMMONWEALTH OF PENNSYLVANIA THERE HAS DEVELOPED A SHORTAGE OF 25 PER CENT IN THE NUMBER OF INTERNS FOR THE APPROVED HOSPITALS; THEREFORE BE IT

RESOLVED, THAT THE BLAIR COUNTY MEDICAL SOCIETY, A COMPONENT OF THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA HEREBY EXPRESSES ITS DISAPPROVAL OF THE ACTION OF THE COUNCIL ON MEDICAL EDUCATION AND HOSPITALS OF THE AMERICAN MEDICAL ASSOCIATION IN ATTEMPTING TO SOLVE THE INTERN SHORTAGE BY REQUIRING MINIMUM OF 25 PER CENT OF QUOTA STANDARD FOR CONTINUED APPROVAL, AND BE IT FURTHER

RESOLVED, THAT THE HOUSE OF DELEGATES OF THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA INSTRUCT ITS DELEGATES TO

THE AMERICAN MEDICAL ASSOCIATION TO EXPRESS ON THE FLOOR OF THE HOUSE OF DELEGATES OF THE A.M.A. AT THE NOVEMBER, 1956 CLINICAL MEETING THE OBJECTION OF THE BLAIR COUNTY MEDICAL SOCIETY AND THAT OF ITS PARENT SOCIETY OF THE STATE OF PENNSYLVANIA, AND BE IT FURTHER

RESOLVED, THAT THE DELEGATES FROM PENNSYLVANIA TO THE SAID NOVEMBER, 1956 CLINICAL MEETING OF THE A.M.A. SEEK A SOLUTION TO THE PROBLEM OF INTERN SHORTAGES BY EITHER OF THE FOLLOWING: (1) A VOLUNTARY OR ARBITRARY REDUCTION IN THE QUOTA OF INTERNS ALLOWED EVERY APPROVED HOSPITAL IN THE COUNTRY IN ACCORDANCE WITH THE NUMBER OF INTERNS AVAILABLE OR (2) A VOLUNTARY OR ARBITRARY REDUCTION IN THE QUOTA OF INTERNS ALLOWED IN THOSE MEDICAL SCHOOL AFFILIATED HOSPITALS WHICH HAVE CLINICAL CLERKSHIPS AND RESIDENCY PROGRAM.

COUNCIL AND EXECUTIVE COMMITTEE REQUEST FOR POLICY TO FOLLOW ON INSURANCE PROPOSALS

Dr. Warfield M. Firor presented to the House of Delegates a problem which the Executive Committee and the Council have had in making a decision regarding various insurance programs, which are presented to the Society. An Insurance Committee (discharged May 1956) appointed by the Faculty, recently advised us that in order to determine which policy should be sponsored by the Faculty, a survey should be made of available policies.

Dr. M. McKendree Boyer from Montgomery County reported that his component Society had spent three years investigating this problem and liked none of the insurance programs which were available, and therefore the component developed its own program, which was submitted to various companies. Three companies were interested and finally one accepted the program.

It was pointed out that this was an example why some policy should be developed. The Executive Committee is not in a position to investigate all the types of insurance proposals which are available, and therefore does not feel that it should suggest any one company for Medical and Chirurgical Faculty sponsorship.

Motion—adopted.

Dr. Nathan E. Needle moved that a Committee be appointed by the President to investigate group insurance on a State-wide basis. This motion was seconded and carried.

PLANNING COMMITTEE REPORT (See page 583.)

Dr. W. M. Firor, Chairman of the Planning Committee, presented the report for this Committee.

Dr. Albert E. Goldstein complimented the Planning Committee and stated that this was the best work which had been done regarding the Society since he, Dr. Goldstein, had become a member in 1912.

Motion—adopted.

Dr. A. E. Goldstein moved that this commendation be spread on the records and the motion was seconded by Dr. L. R. Schoolman, and carried.

ASSESSMENT (See page 514.)

Dr. Wetherbee Fort reported to the House of Delegates regarding the assessment and the financial affairs of the Society.

Dr. Fort pointed out that if he could be sure that the money would be forthcoming in the year 1957 to continue payment of increased salaries, he would increase them in accordance with the direction of the delegates at their meeting last May.

Motion.

Dr. Melvin B. Davis moved, and Dr. Charles F. O'Donnell seconded, that the Faculty continue the assessment through 1957.

Dr. Hugh Ward, Calvert County, objected to the continuation of the assessment, and expressed his opinion that county members receive little return for the increased costs. Dr. Waldo B. Moyers, Prince George's County, emphasized the need for a strong Component, State, and National Society. He stated that this could not be done without money and that he favored strengthening the Medical and Chirurgical Faculty even if it costs more. He further stated that if we do not have a strong Society, it will not be long before the people will be telling the doctors what to do.

Payment of this special assessment—eligibility for defense. Dr. W. L. Etienne, Prince George's County, pointed out that Section 9, Chapter IX, of the By-Laws states:

"The fiscal year of the Faculty shall be from January first to December thirty-first, inclusive. Members of component societies who have not paid their dues and assessments ten days prior to the Annual Meeting, shall be suspended from the Faculty without further action on the part of the Faculty, but may be reinstated on the payment of all indebtedness to the Faculty, but such reinstatement cannot be made until after the Annual Meeting. Such members, who are in arrears for over one year, shall again come before the Board of Censors of the component society to which they belonged, before being reinstated. Members so suspended shall not have any privileges of the Faculty until all indebtedness to the Faculty shall have been paid."

It was further pointed out that the Executive Committee had ruled that eligibility for Physicians' Defense would not be affected one way or the other during the year 1956 in so far as payment of this special assessment was concerned, as the assessment was levied after January 31st, which is the time specified in the By-Laws as the deadline for the payments of dues and assessments.

Dr. G. H. Yeager stated that in 1957 these individuals would receive a bill for a 1957 assessment and in addition for the 1956 assessment for which they were in arrears. If this bill is not paid by January 31, 1957, the member would be considered ineligible for Physicians' Defense.

Dr. Sartorius said that he thought the comments are definite and he would like to propose an amendment to the motion on the floor that the assessment be continued on an annual basis until the Planning Committee has made its recommendations and the delegates act on these recommendations. He further recommended that it be emphasized that Physicians' Defense not be granted to anyone who has not paid his assessment. Dr. M. B. Davis and Dr. C. F. O'Donnell agreed to the amendment and the motion, as amended, was adopted.

Amendment to motion. Dr. N. E. Sartorius, Jr., moved that the motion be amended to read that the assessment be continued on an annual basis until the Planning Committee makes its recommendations and the delegates act on these recommendations. He further recommended that it be emphasized that Physicians' Defense not be granted to anyone who has not paid his assessment. The amendment was accepted by Dr. M. B. Davis and Dr. C. F. O'Donnell.

Amended Motion—adopted.

The motion, as amended, was carried.

Dr. N. E. Needle thought some pressure should be put on the ones who have not paid the assessment for this year, and suggested asking the components to assist in getting the money. Dr. Firor agreed that a second bill should be sent out and on it draw to the attention of the member that unless this bill is paid by January 31, 1957, he will not be eligible for Physicians' Defense.

PORTION OF DUES TO BE ALLOCATED TO WOMAN'S AUXILIARY.

Dr. W. T. Layman, Washington County, presented the following motion, which was seconded by Dr. G. W. LeVan, Washington County: That the House of Delegates recommend to the Council, Budget, and Planning Committees that one dollar (\$1.00) of the annual dues be allocated to the Woman's Auxiliary to the Faculty, for use of that organization as they may see fit to carry out their activities.

Motion—defeated.

The above motion was defeated.

ENCROACHMENT OF LAY GROUPS REGARDING SETTING FEES FOR PHYSICAL EXAMINATIONS, ETC. (See page 521.)

Dr. John G. Ball, speaking for the Montgomery County Medical Society, called to the attention of the House of Delegates the serious encroachment on the private practice of medicine by lay groups, who set fees for physical examinations and services that are considerably lower than the prevailing standard fees for such services. For example, he stated that life insurance fees are \$5.00 to \$7.50; the Maryland State Department of Labor pays \$2.00 for issuing a work permit, but if the doctor does not fill in the blank properly regarding the applicant's age and physical examination, he is not even paid the \$2.00; and the State Rehabilitation Program

allows \$5.00 for a complete examination with blood and urine examination and professional opinion as to disability.

DR. BALL MOVED THAT THE MONTGOMERY COUNTY MEDICAL SOCIETY RECOMMENDS THAT THE HOUSE OF DELEGATES REFER THIS PROBLEM TO ONE OF THE STANDING COMMITTEES OR A SPECIAL COMMITTEE FOR STUDY. THE RECOMMENDATION OF SAID COMMITTEE SHOULD BE REFERRED TO COUNCIL.

Motion—adopted.

The motion was seconded and carried.

APPRECIATION TO COMMITTEE ON SCIENTIFIC WORK AND ARRANGEMENTS

Dr. Warthen, the President, expressed appreciation to Dr. E. J. McDonnell, Dr. Norman R. Freeman, Jr., and Dr. Sidney Novenstein, the members of the Committee on Scientific Work and Arrangements, for this Semiannual Meeting program, which they had arranged.

The meeting adjourned at 12:45 p.m.

Respectfully submitted,

EVERETT S. DIGGS, M.D., *Secretary*

REPORTS*

To the House of Delegates

INTERIM REPORT OF THE COMMITTEE TO STUDY THE PROBLEM OF ACCREDITATION OF HOSPITALS

Mr. President and Members of the House of Delegates:

Since the last meeting of the House of Delegates of the Medical and Chirurgical Faculty, your Committee has the following report to make on the progress of the matter of Accreditation:

On March 7, 1956, a letter was received from Dr. John Hinman, Acting Committee Secretary of the Council on Medical Education and Hospitals, to the effect that the Residency Review Committee in Internal Medicine had reviewed the recommendations of the Maryland Committee and "wishes to offer its support in effectively implementing the recommendations of the Medical and Chirurgical Faculty of Maryland in regard to accurate and unequivocal reporting and evaluation, adequate prior notification to hospitals of criticisms, and mechanisms to alleviate problems on the status of residents."

On August 17, 1956, a letter was received from Dr. Arthur N. Springnall, Assistant Director, Council on Medical Education and Hospitals, reporting in summary the action taken by the following Committees: Residency Review Committee for Dermatology and Syphilology; Residency Review Committee for General Practice; Residency Review Committee for Neurological Surgery; Residency Review Committee in Ophthalmology; Residency Review Committee for Orthopedic Surgery; Residency Review Committee for Otolaryngology; Residency Review Committee for Pediatrics; Residency Review Committee for Physical Medicine and Rehabilitation; Residency Review Committee for Plastic Surgery; Residency Review Committee for Preventive Medicine; Residency Re-

view Committee for Proctology; Residency Review Committee for Psychiatry and Neurology; Residency Review Committee for Radiology; Conference Committee on Graduate Training in Surgery.

In summary, the comment of the above Committees was to the effect that they were happy to have reviewed the recommendations of the Maryland Committee, that they thought the essence of the report was sound, and that they had already agreed in principle to go along with the recommendations as outlined in the report. The Residency Review Committee on Urology will review the report in September.

At the House of Delegates meeting of the American Medical Association in June, 1956, at which time the delegates adopted certain resolutions, the following recommendations were made which would be applicable to the Report of the Maryland Committee:

1. Staff meetings required by the Joint Commission are acceptable, but attendance requirements should be set up locally and not by the Commission.
2. The Joint Commission should not concern itself with the number of hospital staffs to which a physician may belong.
3. The Joint Commission is not and should not be punitive.
4. The Joint Commission should publicize the method of appeal to hospitals that fail to receive accreditation.
5. Reports on surveys should be sent to both administrator and chief of staff of hospital.
6. Surveyors should be directly employed and supervised by the Joint Commission.
7. Surveyors should work with both administrator and staff.
8. New Surveyors should receive better indoctrination.
9. The American Medical Association should conduct an educational campaign for doctors relative to the functions and operations of the Joint Commission.
10. The Committee also suggests that the American Medical Association and the American Hospital Association encourage educational meetings for hospital boards of trustees and administrators either on state or national levels to acquaint these bodies with the functions of accreditation.

* Key for Committee Reports: All recommendations and resolutions in "italics" regardless of whether or not adopted by the House of Delegates.

In conclusion, your Committee feels that much has been accomplished in principle in bringing certain matters to the attention of the various accrediting bodies, and also feels that a good many necessary changes will be effected. However, sufficient time has not elapsed to see the fruits of these endeavors, and it remains to be seen what the final outcome will be.

Respectfully submitted,
HERBERT E. WILGIS, M.D., *Chairman*
ROBERT L. BAKER, M.D.
OTTO C. BRANTIGAN, M.D.
LEWIS P. GUNDRY, M.D.
HOWARD W. JONES, M.D.
LOUIS KRAUSE, M.D.
WALDO B. MOYERS, M.D.
WILLIAM S. MURPHY, M.D.
STEDMAN W. SMITH, M.D.

REPORT ON ASSESSMENT

Mr. President and Members of the House of Delegates:

As a result of the action of this House of Delegates, at its special meeting on May 4, 1956, the Secretary sent on May 17, 1956, the following to the officers and delegates of the Component Medical Societies:

"To care for the financial emergency the following motion was adopted: 'The House of Delegates approves of an assessment of all active members of twenty dollars (\$20.00) for Baltimore City and fifteen dollars (\$15.00) for the Counties for the calendar year 1956, the total proceeds of which will be paid to the Treasurer for Faculty use, subject to a mail referendum by all Component Societies. The vote of each must be in the hands of the Faculty Secretary on or before June 15, 1956. In the event any Component Society fails to make its wishes known by date indicated, it is to be construed as a favorable vote. When the Secretary receives favorable votes sufficient to represent a majority (or the contrary) he will be authorized to declare the vote final and will so notify the Treasurer, the President, and the Chairman of the Council, and the result will be published in the earliest possible issue of the Journal.'"

The results of the poll of the Component Medical Societies regarding the special assessment for 1956 were reported to the Executive Committee on June 15, 1956. Eleven Component Societies approved the assessment; five disapproved; and seven did not reply. Following is a summary of the replies received from the Components:

Approve

Allegheny-Garrett County—Secretary personally thinks his Society would favor dues increase rather than assessment in the future.
Anne Arundel County—for 1956.
Baltimore City.
Carroll County.
Kent County—Made specific suggestions—Journal should be self-supporting, charge for library services, and free dinners being held to minimum.

Prince George's County—Stand firmly behind the good work heretofore accomplished by Medical and Chirurgical Faculty, and wish to contribute to its future success.

Queen Anne's County—for calendar year 1956.

St. Mary's County—Recommended not be made an annual practice.

Talbot County—Are interested in personnel of Committee to Study entire Faculty set-up as mentioned in letter.

Washington County—for 1956.

Worcester County—If that is the way it is, that is the way it will have to be.

Disapprove

Cecil County—Feel there are many ways in which State Society's expenses can be curtailed.

Harford County.

Howard County—County assessment out of line with City members—usage, distance, etc.

Montgomery County—All counties be represented on Committee, and after Planning Committee reports may reconsider.

Wicomico County—No meeting. Members canvassed and very pronounced against assessment.

No Reply

Baltimore County, Calvert County, Caroline County, Charles County, Dorchester County, Frederick County, Somerset County.

As it was pointed out in the motion and by the special reminder to the Component Societies, if no reply had been received it would indicate an affirmative answer, and the Executive Committee considered that eighteen of the Components favored the assessment and the members therefore were billed.

The Executive Committee feels that since it is impossible for a member to comply with the requirements of the Constitution and By-Laws regarding Physicians' Defense in payment of this special assessment that consideration of eligibility for defense will not be affected one way or the other by payment or nonpayment of the special assessment during 1956.

Approximately 1076 members in Baltimore City Medical Society were billed for \$20.00 each, and 744 of them have paid; 878 members were billed for \$15.00 each in the Counties, and 596 have paid, making a total number of members paid—1,340, and total amount received on assessment—\$23,810.00.

By approval received from the House of Delegates, your Treasurer was permitted, in accordance with the proposed increase in the budget for 1956, to increase the salaries for all our staff employees. This money is still untouched. I have the distinct feeling that it would not only be unfair but unsportsmanlike to raise the salaries on September 1st, and lower them on September 23rd. I have informed the staff that if further increase in the budget is not made possible by an increase in the dues, then part of the money made available by the special assessment, which has been duly passed and collected, will be given to each of them as a bonus. Any permanent increase in salaries will have to be the result of whatever action is taken by the House of Delegates at this meeting. I

feel that the response to this emergency by the members has been gratifying, but at the same time a little disappointing.

Respectfully submitted,
WETHERBEE FORT, M.D., *Treasurer*

BOARD OF MEDICAL EXAMINERS

Supplementary Report to the House of Delegates of the Medical and Chirurgical Faculty

(Original Report Presented May 4, 1956)

September 19, 1956

This is a supplemental report concerned entirely with the problem of the Homeopathic Board. It supplements the report made to this group on May 4, 1956.

On May 30, 1956, during the course of a hearing in Dorchester County instigated by the Attorney General and several members of the Homeopathic Board, Dr. William H. Reddick agreed to surrender the records of the Homeopathic Board and to resign as Secretary of the Board.

Following this, however, he held a "meeting" of the Homeopathic Society early in June at which he was again elected Secretary and several other members were elected to the Board.

According to later testimony, most of those present at this meeting were from out-of-State and had been licensed following an examination given in December, 1955.

Following this meeting another examination was given by the Homeopathic "Rump" Board at the Emerson Hotel on June 25, 26 and 27, 1956. On the latter date the Attorney General, who had become aware of this examination, entered the examination room and declared results of the examination void.

An attempt was made to immediately serve the officers of the Board, including Dr. Reddick with an injunction restraining them from further "official" acts.

In spite of this a number of those examined in June were subsequently licensed. The totals of those licensed after the December, 1955 and the June, 1956 examinations were 76. None of these applicants held a degree from a recognized medical school. The Attorney General then instituted court action against Dr. Reddick and the "Rump" Board because of the above mentioned activities.

All of the other members of the "Rump" Board denied knowledge of what was being done and the case was heard before Judge Joseph Byrnes during the latter part of July and the first part of August.

The case received widespread publicity and most of you have no doubt read the ample and accurate coverage that was given by the Sunpapers.

In a decision given on August 13, 1956, Judge Byrnes gave the following conclusions:

(3) All action taken at the purported meetings of the Maryland State Homeopathic Medical Society held April 8, 1956, and June 2, 1956, was without legal effect so far as the Board of Medical Examiners is concerned;

(4) Reddick's attempted removal of Dr. Chepko as Presi-

dent of the Board of Medical Examiners was without legal effect;

(5) The Board of Medical Examiners, at the time of the institution of these suits, consisted of Drs. Simon, Follweiler, Harrison, Watson and Chepko.

In accordance with its findings of facts and conclusions of law, this Court is prepared to sign decrees to enjoin permanently the defendants, as requested in the prayers for relief. The Attorney General is requested to submit forms of decrees in accordance with this opinion. As this Court is greatly disturbed over the fact that by reason of the acts of Reddick, a large number of obviously unqualified persons have seemingly been licensed to practice medicine in this State, it is suggested that the Attorney General take whatever legal steps may be necessary to have their alleged licenses expunged from the public records and declared void.

Finally, it appearing to the Court that Reddick may have acted in contempt of its process, in particular, the restraining orders of June 26, 1956, and June 27, 1956, by issuing licenses after such orders were served upon him, the Attorney General is directed to prepare and submit to the Court an order requiring defendant Reddick to show-cause why he should not be cited for contempt.

On September 14, 1956, a hearing was held with a Committee on the Practice of Medicine appointed by the Legislative Council of Maryland.

Under the Chairmanship of Senator Frank E. Shipley, Dr. William H. F. Warthen, Dr. Julius Chepko, Dr. Everett S. Diggs, Dr. Edward J. Simon, Dr. Samuel McLanahan, Dr. Robert Follweiler, Dr. Warfield Firor, Dr. Karl Mech, Dr. Lewis P. Gundry and several others were heard.

The opinion expressed by the members of the Medical and Chirurgical Faculty and the State Board of Medical Examiners, representing the Faculty was in complete agreement.

1. There is no reason for the Homeopathic Board to exist.

2. That we disapprove the inclusion of a homeopath on the Board of Medical Examiners of Maryland.

It was pointed out that practically all of the homeopaths are members of the Medical and Chirurgical Faculty and as such have the same opportunity of being elected to the Board as any non-homeopathic physician.

The hearing lasted approximately 1¼ hours.

Your Board of Medical Examiners will follow subsequent developments with keen interest.

We recommend that the Medical and Chirurgical Faculty pass a resolution commending Mr. Norman P. Ramsey, Deputy Attorney General, and Mr. James H. Norris, Jr., Special Assistant Attorney General, for their splendid work in bringing the activities of the "Rump" Homeopathic Board to an end.

We would also like to commend Dr. Julius Chepko, Dr. Edward J. Simon, Dr. Robert A. Follweiler, Dr. William C. Harrison and Dr. Joseph H. Watson for their time-consuming and difficult task in cooperating with the Attorney General's office in this matter.

Respectfully submitted,
LEWIS P. GUNDRY, M.D., *Secretary*

COMMITTEE ON CONSTITUTION AND BY-LAWS

Mr. President and Members of the House of Delegates:

The House of Delegates, at its last meeting, requested our Committee to submit two amendments. One is in reference to the Nominating Committee, and the other one is due to the request that there be an Affiliate membership. The American Medical Association recognizes active membership of a physician through only one state medical society (constituent associations of the American Medical Association).

Our Committee suggests that the following amendments to the By-Laws be adopted.

By-Laws

(Amendments are indicated by CAPITAL LETTERS and PARENTHESIS are for deletions.)

AFFILIATE MEMBERSHIP

Chapter I. Membership.

SECTION 4. AFFILIATE MEMBERS.

AFFILIATE MEMBERS SHALL BE PHYSICIANS LICENSED TO PRACTICE MEDICINE IN MARYLAND WHO ARE NOT ELIGIBLE FOR ACTIVE MEMBERSHIP IN THE MEDICAL AND CHIRURGICAL FACULTY BECAUSE THEY ARE ACTIVE MEMBERS IN OTHER CONSTITUENT ASSOCIATIONS OF THE AMERICAN MEDICAL ASSOCIATION.

AFFILIATE MEMBERS SHALL RECEIVE THE JOURNAL AND SHALL HAVE THE PRIVILEGES OF THE BUILDING, THE READING ROOM, THE USE OF THE BOOKS, THE RIGHT TO ATTEND SUCH MEETINGS AS THEY MAY ELECT, TO HOLD SUCH MEETINGS IN THE BUILDING AS MEET WITH THE APPROVAL OF THE HOUSE COMMITTEE, BUT DO NOT HAVE THE RIGHT OF DEFENSE FOR MALPRACTICE, NOR TO VOTE, NOR TO HOLD OFFICE.

Section (4). *Emeritus Members*. Amend to read "Section 5."

Section (5). *Fifty Year Members*. Amend to read "Section 6."

Section (6). *Non-Resident Members*. Amend to read "Section 7."

Section (7). *Honorary Members*. Amend to read "Section 8."

Section (8). Amend to read "Section 9."

Section (9). Amend to read "Section 10."

Chapter II. Dues and Assessments

SECTION 3. AFFILIATE MEMBERS.

THE ANNUAL DUES FOR AFFILIATE MEMBERS SHALL BE \$10.00 PER YEAR, AND SHALL BE PAYABLE JANUARY 31, IN ADVANCE, AND SHALL NOT BE LIABLE FOR ASSESSMENT.

Section (3). *Non-Resident Members*. Amend to read "Section 4."

Section (4). Amend to read "Section 5."

Nominating Committee

Chapter VIII. Standing Committees.

Section 1.

Delete "Nominating Committee" from paragraph 2 of Section 1. Insert "Nominating Committee" in paragraph 3 of Section 1.

Amendment:

The standing committees, which are to be named by the President, organized as hereinafter provided, are the (Nominating Committee), Resolutions Committee, Committee on Constitution and By-Laws.

The standing committees, organized as hereinafter provided are: NOMINATING COMMITTEE, House Committee, Finance Committee, Professional Conduct Committee, and Budget Committee.

Section 5.

Nominating Committee. Delete the first paragraph of Section 5. Amend to read:

Nominating Committee. THE NOMINATING COMMITTEE SHALL CONSIST OF THE FIVE MOST RECENT LIVING PAST PRESIDENTS, WITH THE SENIOR PAST PRESIDENT TO BE THE CHAIRMAN.

In accordance with the Constitution and By-Laws, these amendments may be adopted at the Semiannual Meeting by a majority vote of all delegates present at that session (September 21, 1956), providing the amendment has been sent officially to all delegates at least 30 days prior to the Semiannual Meeting.

The Committee on Constitution and By-Laws submits these amendments in reference to the Nominating Committee and Affiliate Membership.

Respectfully submitted,
W. HOUSTON TOLSON, M.D., *Chairman*
E. COWLES ANDRUS, M.D.
CHARLES R. AUSTRIAN, M.D.*
THURSTON HARRISON, M.D.
DONALD HOOKER, M.D.
WILLIAM S. LOVE, M.D.
ALBERT RICHARD MILAN, M.D.
JOHN YOUNG, JR., M.D.

THE PLANNING COMMITTEE

Mr. President and Members of the House of Delegates:

The Planning Committee met and was organized on June 26, 1956. The Steering Committee was appointed and this subcommittee met on July 5, 11 and August 6, 1956.

One tangible result of these meetings was the questionnaire which all of you have seen. Immediately following this report is the questionnaire and a listing of the replies received from the members for Baltimore City and the Counties. (Page 518.)

Yesterday, the Planning Committee met and considered the answers on the 1200 questionnaires received to September 7, 1956. It is encouraging to report that on many questions

* Deceased.

there were a large majority either for or against the issue. Only on two subjects was opinion evenly divided.

JOURNAL

One of these is the question of continuing The Maryland State Medical Journal. More than an hour was devoted yesterday to considering various aspects of this controversial subject. No final decisions were made.

This much, however, can be said:

1. That there is strong sentiment that the character of the articles appearing in the Journal should be changed if the publication is to continue.

2. That the members be given definite information concerning the actual cost of the Journal.

3. That the term "self supporting" be clearly defined so as to make clear the amount of subsidy needed to continue the Journal.

4. That the alternative of publishing a peppy and informative Bulletin is being considered.

THE AUXILIARIES

First, it is timely to point out that the Faculty does not have the authority, nor the desire, to abolish the Auxiliary. A meeting has been arranged between the Executive Committee of the Council, and the officers of the Faculty Auxiliary with some officers from the Baltimore City Auxiliary for October 16, 1956, to work out a satisfactory interpretation of the secretarial work of the Auxiliary with that of our office force, and also to arrive at a fair division of the cost, since the members of the Faculty voted 5 to 1 in favor of the work of Auxiliaries being done on a fee for service basis.

ANNUAL MEETING

The vote to cut the scientific part of the Annual Meeting to a minimum was 711 in favor and 423 against.

The vote to make all social activities self-supporting was 1107 to 90.

By almost a similar majority it was decided that the business meeting should be held in conjunction with the Annual Meeting.

Eight hundred and twenty members (820) favored holding the Annual Meeting in Baltimore City and only 147 for holding it elsewhere.

SEMIANNUAL MEETING

You will be interested to know that by a vote of almost 3 to 1, the members decided to continue the Semiannual Meeting, but the opinion as to whether this should include a scientific program or be limited to business and social was equally divided. In view of the fact that the scientific program now consists of a single paper, it seems that the only way this feature could be improved would be to have the paper in abstract.

COMMITTEES

The vote to authorize the Planning Committee to review and consolidate all Committees was in the proportion of 983 to 32. When one realizes that this organization with 2600

members has 54 Committees it becomes apparent that it is imperative to pare down this number. It should be pointed out that membership on many of the Committees is viewed as an honorarium, and that there is no work actually for the members to do. It is the intention of the Planning Committee to eliminate all unnecessary Committees, and to recommend that when there is a particular job to be done that an *ad hoc* Committee be appointed for it. In the revision, precaution will be taken to see to it that the Counties have adequate representation.

WORK OF COMMITTEES

By a vote of 754 to 32, we have decided that the secretarial force in the office should do the work for the Committees of the Faculty, and in the reorganization it is hoped that this will not be too arduous.

PHYSICIANS' DEFENSE

Naturally more than 1000 members voted to continue Physicians' Defense but there are some aspects and provisions of this subject which need clarification and revision.

PHYSICIANS' PLACEMENT SERVICE

Similarly the vast majority of members favor a Physicians' Placement Service, but the question as to how to activate such a Service remains unanswered. It was pointed out that we might do well to have an impartial reference body to serve community leaders who ask for help.

PUBLIC RELATIONS PROGRAM

One of the most important aspects in the future of the Medical and Chirurgical Faculty will be its division of public relations. The Medical Profession has been bandied about a great deal during the last two decades and as the pressure mounts we must have a sound and intelligent Public Relations Program.

THE LIBRARY

You will be interested to know that the vote to maintain the Library at its present high standards was 920 to 118. In view of the fact that the existence of the Library is necessary for our tax exempt status, there can be no doubt about the future of this branch of the work.

THE TRANSACTIONS

The members voted 4 to 1 to abolish receiving the Transactions in full, and 803 members expressed a preference to receive a brief summary only.

SUGGESTIONS

It was heartening to find that more than 200 suggestions were written in on the bottom of the questionnaires and many contained fertile ideas. It is only natural that some were made in ignorance of service and activities now existent.

Among the suggestions was one to inform the public of the breakdown of costs of medical care and to show how little the doctor gets.

A second suggestion was that we investigate the health insurance rackets that "gip" the people.

And a third, that we consider the development in our State of a Motor Vehicle Accident Commission, and to determine and guarantee medical expenses incurred in such accidents.

SUMMARY

In summary, it is important to point out that the activities of the Faculty have grown by accretion in over 150 years, and

it will take time and wisdom to reorganize such an aged institution. It is imperative that this be done carefully and without haste.

This is the most important venture that the Medical and Chirurgical Faculty has attempted since the construction of the building on Cathedral Street. It is not surprising, therefore, that the Planning Committee is not prepared at this time to make any specific recommendations concerning the dues.

Respectfully submitted,

WARFIELD M. FIROR, M.D., *Chairman*
JAMES ANDREWS, M.D.
JOHN M. BLOXOM, III, M.D.
GEORGE CURRIER, M.D.
LESLIE E. DAUGHERTY, M.D.
A. C. DICK, M.D.
EVERETT S. DIGGS, M.D.
C. REID EDWARDS, M.D.
W. L. ETIENNE, M.D.
WETHERBEE FORT, M.D.
MARTIN GROSS, M.D.
THURSTON HARRISON, M.D.
RALPH HORKY, M.D.

STEPHEN N. JONES, M.D.
ROBERT L. KIMBERLY, M.D.
J. ROY GUYTHER, M.D.
WILLIAM T. LAYMAN, M.D.
WALLACE OBENSHAIN, M.D.
CHARLES O'DONNELL, M.D.
ROBERT A. RILEY, JR., M.D.
NORMAN E. SARTORIUS, JR., M.D.
THEODOR SATTELMAIER, M.D.
JAMES B. THOMAS, M.D.
HUGH W. WARD, M.D.
W. H. F. WARTHEN, M.D.
ROBERT WRIGHT, M.D.

TO DATE, THREE COMPONENT MEDICAL SOCIETIES HAVE NOT APPOINTED REPRESENTATIVES TO THE PLANNING COMMITTEE.

QUESTIONNAIRE—MAILED TO ALL MEMBERS

I. JOURNAL.

Last year the cost of publishing the Journal was \$6,800.00 in excess of its actual income. The Editorial Board states that the Journal can be published within the limits of its income.

- A. Do you read the Journal? _____
B. Should the Journal be continued? _____ discontinued? _____

II. AUXILIARIES.

- A. Should the Faculty office do clerical and stenographic work for the State Woman's Auxiliary? _____
1. All of the work? _____
2. None of the work? _____
3. Do the Auxiliary's work free of charge? _____
4. Do the Auxiliary's work on a fee for service basis? _____
B. Should the Faculty office do the clerical and stenographic work for the component Auxiliaries? _____
1. All of the work? _____
2. None of the work? _____
3. Do the Auxiliaries' work free of charge? _____
4. Do the Auxiliaries' work on a fee for service basis? _____

III. SCIENTIFIC MEETINGS.

A. Annual Meeting.

Total expenses for 1956 Annual Meeting	\$8,310.09
Total receipts	
From commercial exhibit space: \$4,460.00	
From sale of dinner tickets: 1,349.25	
From sale of luncheon tickets: 572.00	6,381.25
Actual cost to Faculty:	\$1,928.84

1. Should the scientific meetings be cut to a minimum to meet the requirements of the designated funds for scientific speakers? _____
2. Should all social activities held in conjunction with the Annual Meeting be self-supporting? _____
3. Should the business meeting be held in conjunction with the Annual Meeting? _____
4. Should the meeting place be:
 - a. Baltimore City? _____
 - b. Out of Baltimore City? _____
 - c. Out of the State of Maryland? _____
- B. Semiannual Meeting.

Total expenses for 1955 Semiannual Meeting	\$2,047.29
Cocktail Party and Dance:	\$200.00
Clam Bake:	1,207.25
Miscellaneous (Postage, printing, speaker, etc.):	640.04
Received from sale of Clam Bake tickets	1,214.25
Actual cost to Faculty:	\$ 833.04

 1. Should the Semiannual Meeting be continued? _____
 2. If continued, do you wish it to include
 - a. Scientific program? _____
 - b. Should it be solely for business and social activities? _____

IV. COMMITTEES.

- A. Do you favor authorizing the Planning Committee to review and consolidate all existing Committees? _____
- B. How much work should the Faculty Office do for Faculty Committees?
 1. All clerical and stenographic work? _____
 2. None? _____
 3. Clerical and stenographic work for the major committees only, i.e., House of Delegates, Council, Executive Committee? _____

V. MEDICOLEGAL.

- A. Should the State Society continue to provide Physicians' Defense? _____

VI. PHYSICIANS' PLACEMENT.

- A. Should the State Society be active in physician placement service? _____
 1. To attempt to secure a physician for a community? _____
 2. To attempt to secure a community for a physician? _____

VII. PUBLIC RELATIONS.

- A. Should the Medical and Chirurgical Faculty develop a public relations program? _____

VIII. LIBRARY.

- A. Do you favor maintaining the Library at its present high standards? _____

IX. TRANSACTIONS.

- A. Do you wish to have sent to you, as an individual, the Transactions of this Society in full? _____
- B. Do you prefer to have a Summary of the Transactions sent to you? _____
- C. Do you prefer that the Transactions be sent only to the members of the Council, the Officers of the Component Medical Societies, and the members of the House of Delegates? _____

SUGGESTIONS

Signature: _____

Component Society: _____

Replies from Questionnaires for Baltimore City and Counties

	County		City		Totals	
	Yes	No	Yes	No	Yes	No
JOURNAL						
1. Read Journal?	396	88	543	112	939	200
2. Continue Journal?	268	146	313	274	581	420
AUXILIARIES						
1. Do work for State Woman's Auxiliary?	109	162	150	196	259	358
2. All the work?	90	56	115	56	205	112
3. None of the work?	151	25	204	19	355	44
4. Do work free of charge?	80	60	100	66	180	126
5. Do work on fee for service basis?	199	32	144	36	343	68
1. Do work for Component Auxiliary?	46	201	97	189	138	390
2. All of the work?	32	62	81	51	113	113
3. None of the work?	179	26	204	13	383	39
4. Do work free of charge?	41	60	62	61	103	121
5. Do work on fee for service basis?	163	37	227	35	390	72
SCIENTIFIC MEETINGS						
A. 1. Scientific meetings cut?	351	191	360	232	711	423
2. Social activities at Annual Meeting be self-supporting?	424	36	683	54	1107	90
3. Business Meeting in conjunction with Annual Meeting?	406	24	578	39	984	63
4. Meeting place be:						
a. Baltimore City	296	17	524	5	820	22
b. Out of Baltimore City	95	43	52	51	147	94
Alternate	62		60		122	
c. Out of the State of Maryland	17	113	14	114	31	227
B. 1. Continue Semiannual Meeting?	309	129	414	186	723	315
2. a. Include Scientific program?	196	63	285	63	481	26
b. Include only business and social activities?	152	63	271	71	423	134
COMMITTEES						
1. Favor Planning Committee?	414	8	569	24	983	32
2. Do all work for Faculty Committees?	306	15	448	17	754	32
3. Do no work for Committees?	28	22	21	19	49	41
4. Work for Major Committees only?	138	15	152	21	290	36
MEDICOLEGAL						
1. Provide Physicians' Defense?	403	34	604	74	1007	108
PHYSICIANS' PLACEMENT						
1. State Society be active?	344	44	493	32	837	76
2. Secure physician for community?	387	32	578	12	965	44
3. Secure community for physician?	349	65	470	81	819	146
PUBLIC RELATIONS						
1. Med. & Chi. have public relations program?	384	45	536	75	920	120

LIBRARY

1. Maintain Library?.....	346	82	574	36	920	118
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TRANSACTIONS

1. Full transactions to all?.....	59	287	77	346	136	643
2. Summary to all?.....	316	71	487	65	803	136
3. Transactions to Members of Council, Officers, etc.?.....	116	100	128	155	224	255

Completion of Planning Committee Report

RECOMMENDATION FROM THE MONTGOMERY COUNTY MEDICAL SOCIETY IN REFERENCE TO ENCROACHMENT OF LAY GROUPS REGARDING SETTING OF FEES

Mr. President and Members of the House of Delegates:

The Montgomery County Medical Society wishes to call the attention of the House of Delegates to a serious encroachment on the private practice of medicine. This danger is small now but has the potential power to grow large and threatening.

We refer to the ability of lay groups to set fees for physical examinations and services that are considerably lower than the prevailing standard fees for such services. To illustrate, we cite the following examples:

The fee paid for a life insurance examination is \$5.00 to \$7.50 at your office or at the applicant's home. Some companies vary the fee with the face amount of the insurance policy but the physical examination required is the same.

Our Maryland State Department of Labor pays \$2.00 for issuing a work permit—that includes certifying the applicant's age and a physical examination. But if you do not fill in the blank properly, they will not even pay you the \$2.00.

The State Rehabilitation Program allows \$5.00 for a complete examination with blood and urine examination and your professional opinion as to disability.

Gentlemen, these are a few examples. Even if you can escape these underpaid tasks now by refusing to do them, there are always some who can't refuse and are forced to accept these fees; thus these lay groups continue to get cut-rate medicine.

You can refuse now but what happens when the new Social Security Law becomes effective? This Law will require thousands of examinations, increasing in number each year, involving all of your patients 50 years and over. Will the Government set the fee equivalent to the lowest in each State? Will it use the fee paid for life insurance examinations?

Gentlemen, as stated before, this is a serious problem and we feel it requires immediate investigation and study.

Recommendation

Mr. President, we recommend that you refer this problem to one of our standing committees or a special committee for study. Their recommendation for appropriate action should then be presented to the Council.

Respectfully submitted,
JOHN G. BALL, M.D.

ANNUAL MEETING

ELECTION OF THE BOARD OF MEDICAL EXAMINERS OF MARYLAND GENERAL MEETING

Thursday, May 2, 1957

11:00 a.m., Osler Hall, 1211 Cathedral Street

The election for two new members of the Board of Medical Examiners of Maryland was held at 11:00 a.m., Thursday, May 2, 1957. The meeting was called to order by the President, Dr. C. Reid Edwards. Tellers were appointed by Dr. Edwards.

Two nominations were introduced from the House of Delegates which nominated Dr. Norman E. Sartorius, Jr., and Dr. Vernon H. Norwood. Nominations were requested from the floor.

There being no additional nominations, it was moved, seconded and unanimously carried, that the following be elected to the Board of Medical Examiners of Maryland: Dr. Norman E. Sartorius, Jr., Pocomoke City (1961) and Dr. Vernon H. Norwood, Baltimore (1961). The Secretary was asked to cast the ballot.

BOARD OF MEDICAL EXAMINERS, NEW LAW

The following is an excerpt of the new law, which went into effect June 1, 1957. The wording in italics is the addition to the new law:

144. The Board of Medical Examiners of this State may by a vote of five members revoke any license which has been issued, and may cause the name of any physician so licensed to be removed from the register of the licentiates of the city or county where it may be recorded for any of the following causes, to wit: The use of fraud or deception in *obtaining the license* provided in this sub-title, habitual drunkenness, *insanity as determined in accordance with the provision of Article 59*, addiction to narcotics, criminal abortion, crime involving moral turpitude or unprofessional or dishonorable conduct; *provided that any revocation proceedings before the Board of Medical Examiners selected by the Medical and Chirurgical Faculty, heretofore adjudicated shall not be revived by reason of the provisions hereof.*

Business Sessions

ANNUAL MEETING—1957

CHRONOLOGICAL OUTLINE OF BUSINESS SESSIONS*

COUNCIL—Friedenwald Room, 1211 Cathedral Street

Wednesday, May 1, 1957, 9:00 a.m.

HOUSE OF DELEGATES—Osler Hall, 1211 Cathedral Street

Wednesday, May 1, 1957, 9:30 a.m.

Friday, May 3, 1957, 9:00 a.m.

Luncheon will be served to the members of the Council, House of Delegates, and Chairmen of Committees at 12:30 p.m., on Wednesday, May 1, 1957 at the Sheraton Belvedere Hotel in conjunction with the Woman's Auxiliary Luncheon.

ELECTION OF BOARD OF MEDICAL EXAMINERS will take place at General Meeting in Osler Hall, Thursday, May 2, 1957, 11:00 a.m.

Business Sessions

COUNCIL

Wednesday, May 1, 1957, 9:00 A.M.

Friedenwald Room, 1211 Cathedral Street, Baltimore

I. Call to order. **Warfield M. Firor, M.D.,** *Chairman*

II. Old Business.

III. New Business.

HOUSE OF DELEGATES

Membership

The House of Delegates is composed of the delegates of the Component Societies and the following:

C. Reid Edwards, *President*

Everett S. Diggs, *Secretary*

Wetherbee Fort, *Treasurer*

William H. F. Warthen, *Immediate Past President*

President-Elect

Lewis P. Gundry, *Board of Medical Examiners*

Warde B. Allan, *Delegate to the American Medical Association*

Robert vanL. Campbell, *Delegate to the American Medical Association*

Louis Krause, *Chairman, Library Committee*

W. Houston Toulson, *Chairman, Committee on Constitution and By-Laws*

The meetings of the House of Delegates are open to all members, but the privileges of the floor are for delegates only. If they so desire, members of the House of Delegates may ask the chairmen of the committees for elucidation of their reports.

Resolutions and recommendations are referred to the Resolutions Committee.

* Pages 559 to 662 as printed in the 1957 Annual Meeting Program.

The following is quoted from the Constitution and By-Laws, Chapter VIII, Section 9:

"Any new business involving a question of policy, which has not previously been considered by the Council or the House of Delegates, shall be referred to the Resolutions Committee for consideration, before being acted on by the House of Delegates. Any such new business shall be presented in writing to the Secretary of the Faculty at least 8 weeks prior to the Annual or Semiannual Meeting whichever happens to be concerned.

All proposed resolutions shall be referred to the Resolutions Committee, which Committee shall present them to the House of Delegates with its recommendations for approval, disapproval or for recommitment to the sponsor for revision with the recommendations of the Resolutions Committee. If the Resolutions Committee approves the principle of a proposed Resolution but not the form of its expression, it shall have the authority to submit to the sponsor a revision which, if acceptable to the sponsor, may be presented to the House of Delegates by the Resolutions Committee.

The Council may refer to the Resolutions Committee all recommendations that should be formulated as Resolutions before presentation to the House of Delegates with an expression of opinion by the Council as to the policy involved therein.

When requested by the Presiding Officer of the House of Delegates, the Resolutions Committee shall report to the House of Delegates."

The House of Delegates will meet in Osler Hall, 1211 Cathedral Street, Baltimore.

Agenda for

HOUSE OF DELEGATES

Wednesday, May 1, 1957, 9:30 A.M.

Osler Hall

1211 Cathedral Street

C. Reid Edwards, M.D., *President*, Presiding

- I. Call to order.
- II. Registration of delegates.
- III. All delegates are requested to register so that an accurate record of attendance may be included in the minutes of the House of Delegates for the Transactions.
- IV. Reports of officers and committees. (The Summary of Reports has been mailed to every member of the House of Delegates.)

Constitutional

(Committees, etc., set forth in the Constitution and By-Laws)

1. Secretary.
2. Treasurer.
3. Finance Committee.
4. Budget Committee.
5. Council.
6. Delegates to the American Medical Association.
7. Board of Medical Examiners.
8. Library Committee and Finney Fund Committee.

Agenda

HOUSE OF DELEGATES, MAY 1, 1957,

Continued

9. Committee on Scientific Work and Arrangements.
10. Committee on Constitution and By-Laws.
11. Professional Conduct Committee.

Continuing Committees

(Committees appointed by the President unless otherwise designated. Many of these committees are appointed in accordance with specifications that designate personnel.)

12. Committee to Cooperate with American Medical Education Foundation.
13. Blood Bank Advisory Committee.
14. Committee on Diabetes.
15. Geriatrics Committee.
16. Committee on Industrial Health.
17. Legislative Committee.
18. Maternal and Child Welfare Committee.
19. Joint Committee with the Bar Associations on Medicolegal Problems.
20. Memoir Committee.
21. Mental Hygiene Committee.
22. Committee on National Emergency Medical Service.
23. New Building Committee
 - a. Finance Committee.
 - b. Building Plans Committee.
24. Committee for the Study of Pelvic Cancer.
25. Committee to Study Problems of Mutual Interest to Medical and Chirurgical Faculty and Maryland Pharmaceutical Association.
26. Advisory Committee to Consult with the State Department of Health.
27. Advisory Committee to State Accident Fund.
28. Tuberculosis Committee.
29. Committee on Veterans' Medical Care.
30. Advisory Committee to Woman's Auxiliary. (Executive Committee of Council.)

(Appointed by the House of Delegates, Council, Executive Committee or current President to study a special problem. Only change of personnel to be at the request of the Committee as a whole. Committee discharged when specific study is completed.)

Special Committees

31. Committee to Study the Problem of Accreditation of Hospitals and Residency Training Programs.
32. Committee to Confer with Chiropractors.
33. Committee for Better Distribution of Doctors throughout the State.
34. Committee to Investigate Group Insurance on a State-Wide Basis.
35. Committee to Review Proposed Regulations on Hospital Licensing.
36. Committee to Represent the Medical and Chirurgical Faculty on Maryland Joint Committee for Improve-

ment of Care of Patient, Sponsored by Maryland-District of Columbia-Delaware Hospital Association.

37. Committee to Confer with Insurance Carriers in Regard to Problem of Specialties—Radiology, Pathology, Anesthesiology.
38. Committee to Study Liaison between the Medical Profession and Maryland General Assembly.
39. Committee to Study Licensure of Homeopathic Physicians by Homeopathic Board.
40. Committee to Investigate the Malpractice Insurance Problem.
41. Medical Advisory Committee for the Medicare Program.
42. Planning Committee.
43. Medical Advisory Committee to State Department of Health in Reference to Polio Vaccine Immunization Project.
44. Central Coordinating Committee on Polio Vaccine.
45. Fact-Finding Committee to Investigate Postgraduate Education.
46. Committee on Public Instruction.
47. Committee to Consider the Relationship between Hospitals and Specialties and the Manner of Payment for Professional Services.
48. Committee on Rural Medicine.

Council Appointments

49. Curator.
 50. Editor, Maryland State Medical Journal.
 51. Maryland Advisory Committee to Selective Service.
 52. Maryland Medical Service, Inc., and Maryland Hospital Service, Inc.
 53. Maryland Medical Service, Inc., Board of Trustees.
- V. Report of Nominating Committee.
Nominations of officers, councilors, delegates to American Medical Association, and committees; and recommendations to General Meeting for the Board of Medical Examiners.

HOUSE OF DELEGATES

Friday, May 3, 1957, 9:00 A.M.

Osler Hall

1211 Cathedral Street

C. Reid Edwards, M.D., *President*, Presiding

- I. Call to order.
- II. Registration of delegates.
- III. Election of Officers.
- IV. Committee on Constitution and By-Laws.
- V. Resolutions Committee.
- VI. Unfinished business.
- VII. New business.

ELECTION OF THE BOARD OF MEDICAL EXAMINERS

Thursday, May 2, 1957, 11:00 A.M.

General Meeting, Osler Hall

1211 Cathedral Street

ANNUAL MEETING¹

HOUSE OF DELEGATES

*Osler Hall, Medical and Chirurgical Faculty Building,
1211 Cathedral Street, Baltimore*

MINUTES OF THE 221st MEETING²

Wednesday, May 1, 1957

The 221st meeting of the House of Delegates was called to order by the President, Dr. C. Reid Edwards, on Wednesday, May 1, 1957, at 9:30 A.M. in Osler Hall at 1211 Cathedral Street, Baltimore.

The following members registered: Robert C. Adams, Baltimore City; Warde B. Allan, Council; Walter A. Anderson, Baltimore City; Philibert Artigiani, Baltimore City; John G. Ball, Montgomery County; Philip J. Bean, St. Mary's County; J. W. Bird, Montgomery County; Helen Bowie, Baltimore City; M. McKendree Boyer, Montgomery; A. Talbott Brice, Council; Ernest C. Brown, Jr., Baltimore City; Howard M. Bubert, Council; Walter B. Buck, Baltimore City; Robert vL. Campbell, Council; Osborne D. Christensen, Wicomico County; Thomas A. Christensen, Council; Ernest I. Cornbrooks, Jr., Baltimore City; George C. Coulbourn, Somerset County; Leslie E. Daugherty, Council; Everett S. Diggs, Council; E. W. Ditto, Jr., Council; D. McClelland Dixon, Baltimore City; Edward J. Edelen, Charles County; C. Reid Edwards, Council; Robert W. Farr, Kent County; Warfield M. Firor, Council; Whitmer B. Firor, Council; Wetherbee Fort, Council; William E. Gilmore, Baltimore City; Seymour Goldgraben, Cecil County; Albert E. Goldstein, Council; William E. Grose, Baltimore City; Lewis P. Gundry, Bd. Med. Exam.; William B. Hagan, Prince George's County; Jacob C. Handelsman, Baltimore City; William H. Hanks, Dorchester County; Thurston Harrison, Talbot County; I. Bradshaw Higgins, Baltimore City; Ralph G. Hills, Council; J. Ralph Horky, Harford County; Clewell Howell, Council; R. Donald Jandorf, Baltimore City; Page C. Jett, Calvert County; George S. M. Kieffer, Baltimore County; George A. Knipp, Baltimore City; Louis Krause, Council; Milton B. Kress, Baltimore City; William T. Layman, Washington County; C. Rodney Layton, Queen Anne's County; Robert C. LaMar, Worcester County; Gerald W. LeVan, Washington County; John G. Lyons, Anne Arundel County; H. J. L. Marriott, Baltimore City; Howard B. Mays, Baltimore City; James N. McCosh, Baltimore City; Ross L. McLean, Council; Samuel Morrison, Baltimore City; Waldo B. Moyers, Prince George's County; Nathan E. Needle, Baltimore City; Charles F. O'Donnell, Baltimore County; John O. Robben, Montgomery

County; Raymond C. V. Robinson, Baltimore City; Austin B. Rohrbaugh, Montgomery County; Normal E. Sartorius, Jr., Council; Louis R. Schoolman, Frederick County; E. Roderick Shipley, Baltimore City; Theodore R. Shrop, Howard County; Martin L. Singewald, Baltimore City; Edward Stinson, Jr., Baltimore City; Douglas H. Stone, Baltimore City; J. Frank Supplee, III, Baltimore City; John J. Tansey, Baltimore City; William H. F. Warthen, Council.

PRESENTATION OF THE GAVEL

Dr. William H. F. Warthen, the immediate past President, addressed the delegates complimenting the new President upon his election, pointing out his capabilities, and presented him with the gavel as a symbol of his office. Dr. Edwards accepted the gavel.

AGENDA

Dr. Edwards called to the attention of the delegates the detailed agenda, which had been distributed to them to be used as a guide in carrying out the business of the meeting with as little confusion as possible. He expressed his appreciation to the Secretary and the office staff for their work for the Faculty and for the compilation of this digest of the meetings of the proposed business.

ADOPTION OF MINUTES (See pages 507-513.)

The minutes of the meeting of September 21, 1956 had been previously distributed, and upon motion by Dr. Firor, and duly seconded, they were accepted as distributed.

REPORTS OF COMMITTEES

Reports Containing No Recommendations—Adopted

The following reports, which had been previously distributed in the summary of reports, contained no recommendations:

- Secretary
- Delegates to the American Medical Association
- Board of Medical Examiners
- Library Committee and Finney Fund Committee
- Committee on Constitution and By-Laws
- Professional Conduct Committee
- Committee to Cooperate with American Medical Education Foundation
- Blood Bank Advisory Committee
- Geriatrics Committee
- Committee on Industrial Health
- Maternal and Child Welfare Committee
- Joint Committee with the Bar Associations on Medicolegal Problems
- Memoir Committee

¹ See August 1957 Maryland State Medical Journal (Transactions, Part I) for the I. Ridgeway Trimble Fund Lecture-ship, "Genito-Urinary Tract Trauma" presented by R. H. O. B. Robinson, F.R.C.S.

² Key for minutes: "Caps" for recommendations and resolutions that are adopted. "Caps" and "small caps" for recommendations that are *not* adopted. "Italics" for motions which are adopted.

Mental Hygiene Committee
 Committee on National Emergency Medical Service
 Committee for the Study of Pelvic Cancer
 Advisory Committee to Consult with State Department of Health
 Advisory Committee to State Accident Fund
 Advisory Committee to Woman's Auxiliary
 Committee to Study the Problem of Accreditation of Hospitals and Residency Training Programs
 Committee to Confer with Chiropractors
 Committee for Better Distribution of Doctors Throughout the State
 Committee to Review Proposed Regulations on Hospital Licensing
 Committee to Represent the Medical and Chirurgical Faculty on Maryland Joint Committee for Improvement of Care of Patient, Sponsored by Maryland-District of Columbia-Delaware Hospital Association
 Committee to Study Liaison Between the Medical Profession and Maryland General Assembly
 Fact-Finding Committee to Investigate Postgraduate Education
 Committee on Rural Medicine
 Curator
 Report on Maryland State Medical Journal
 Maryland Advisory Committee to Selective Service
 Maryland Medical Service, Inc. and Maryland Hospital Service
 Maryland Medical Service, Inc., Board of Trustees.

Motion

It was moved by Dr. Fort, seconded by Dr. Whitmer B. Firor, that these reports, having no recommendations, be accepted as originally distributed.

Dr. Daugherty questioned the acceptance of the Journal report, but withdrew his objection when the Chairman pointed out to him that the Journal report made no recommendations as to the abolishment or continuation of the Journal, but that such a recommendation would be considered later under the Planning Committee report.

Motion—adopted.

The motion was carried.

COUNCIL REPORT (See page 550.)

Dr. W. M. Firor, as the Chairman of the Council, gave his report and submitted the following recommendations:

1. The Council felt it was advantageous to have the Vice-Chairman of the Council attend the meetings of the Executive Committee of Council. If the reorganization of the Faculty, as recommended by the Planning Committee, is approved, IT WILL BE NECESSARY TO AMEND THE CONSTITUTION AND BY-LAWS, AND I WOULD LIKE TO SUGGEST THAT CONSIDERATION AT THAT TIME BE GIVEN TO INCLUDING IN THE BY-LAWS, WHICH IS NOW CHAPTER VIII, SECTION 9, THAT THE VICE-CHAIRMAN OF THE COUNCIL BE INCLUDED IN THE MEMBERSHIP OF THE EXECUTIVE COMMITTEE.

2. THAT THE HOUSE OF DELEGATES EXPRESS ITS APPRECIATION TO DR. EVERETT S. DIGGS AND TO DR. KARL MECH, FOR THEIR ACCOMPLISHMENTS ON BEHALF OF THE MEDICAL PROFESSION OF THE STATE IN REFERENCE TO THE MEDICARE PROGRAM.

Recommendations 3 and 4 are in the form of resolutions:

3. BE IT RESOLVED THAT THE HOUSE OF DELEGATES EXPRESSES ITS APPRECIATION TO DR. KARL F. MECH, CHAIRMAN OF THE LEGISLATIVE COMMITTEE AND TO MR. WALTER N. KIRKMAN FOR THEIR UNTIRING EFFORTS DURING THE RECENT SESSION OF THE GENERAL ASSEMBLY OF MARYLAND. THESE GENTLEMEN KEPT THE COUNCIL INFORMED OF ALL BILLS OF INTEREST TO THE MEDICAL PROFESSION AND WERE OF REAL HELP IN SECURING THE PASSAGE AND THE DEFEAT OF THE LEGISLATION WE DESIRED.

4. BE IT RESOLVED, THAT THE HOUSE OF DELEGATES OF THE MEDICAL AND CHIRURGICAL FACULTY IN SESSION ON MAY 1, 1957, RECOGNIZES THE VALUED ASSISTANCE OF DR. FRANK E. SHIPLEY TO THE MEDICAL AND CHIRURGICAL FACULTY DURING THE 1957 SESSION OF THE GENERAL ASSEMBLY OF MARYLAND, AND BE IT FURTHER RESOLVED, THAT THE HOUSE OF DELEGATES EXPRESSES THE APPRECIATION OF THE MEMBERS OF THE MEDICAL AND CHIRURGICAL FACULTY TO DR. FRANK E. SHIPLEY FOR THIS SERVICE TO THE MEDICAL PROFESSION.

5. THE COUNCIL RECOMMENDS TO THE HOUSE OF DELEGATES THE FOLLOWING MEMBERS FOR EMERITUS MEMBERSHIP:

BALTIMORE CITY: DR. A. F. HUTCHINS, DR. F. J. KIMZEY, DR. J. W. PIERSON, DR. DAVID SILBERMAN, DR. HARRY R. SLACK, DR. D. C. WHARTON SMITH, DR. HENRY J. WALTON, DR. SAMUEL WOLMAN.

CHARLES COUNTY: DR. GEORGE C. BICKNELL, MARBURY; DR. HARRY R. COBURN, BRYANTOWN.

TALBOT COUNTY: DR. JOHN F. SCHNEIDER, EASTON (RETROACTIVE—1956)

WASHINGTON CO.: DR. IRA L. HOUGHTON, HAGERSTOWN

Motion—adopted.

Dr. Warde B. Allan moved that the report be adopted in toto, and this was seconded and the motion was carried.

POLIO VACCINE PROGRAM (See page 578.)

Dr. Warfield M. Firor commented about the report of the Polio Vaccine Program, giving a background of the development of the recent Polio Vaccine Program and explained the unfortunate newspaper publicity as being the result of over-enthusiasm for publicity.

Dr. Robert W. Farr reported for the Central Coordinating Committee on Polio Vaccine, giving the results of the Polio Vaccine Program, stating that it is currently estimated that 70.6% of the population under 20 of this State has received one or more injections. It is also estimated that in excess of 60% of those under 40 years has received one or more injections against poliomyelitis. A complete report will be submitted to the Faculty as soon as the results become known.

Motion—adopted.

The reports of the Medical Advisory Committee to the State Department of Health in Reference to Polio Vaccine Immunization Program and the Central Coordinating Committee on Polio Vaccine were approved and accepted on motion made by Dr. W. M. Firor and duly seconded.

Dr. N. E. Needle called to the attention of the delegates the thoroughness with which the profession had acted in giving the public the necessary immunization and moved that this body go on record as commending the entire Committee for the excellent work which it has done.

COMMITTEE TO INVESTIGATE THE MALPRACTICE INSURANCE PROBLEM (See page 573.)

Dr. W. M. Firor commented upon the report of the Committee to Investigate the Malpractice Insurance Problem, which had been submitted by Dr. Edward S. Stafford and Dr. William E. Grose. He pointed out that the report was felt to be important enough to justify publication and wide distribution. He expressed his commendations to the Committee for its efforts.

Motion—adopted.

On motion made by Dr. W. M. Firor, seconded by Dr. W. B. Firor, the report was seconded.

TREASURER'S REPORT, FINANCE AND BUDGET COMMITTEES (See page 541.)

Dr. Wetherbee Fort reported for the Finance Committee, the Budget Committee, and the Treasurer. He pointed out that the Finance Committee had accepted the budget as provided by the Budget Committee, providing there are funds to meet the expenses. Until such time as final action is taken on the recommendations of the Planning Committee, the Society must continue to operate on its present basis. Although a net balance of \$32,986.76 remains after the conclusion of the last fiscal year, many items of necessary expenditures, particularly in repairs and maintenance, could quickly wipe out this fund.

During the discussion of the report, it was pointed out that adoption of the recommendations of the Planning Committee would affect the dues, the amount of which could not be determined at this time. However, fifty dollars (\$50.00) dues from each member of the Society, regardless of whether he is a member in Baltimore City or other Component, would develop an income comparable to that which we now have.

Motion—adopted.

It was moved by Dr. Christensen, seconded by Dr. Bubert that the reports of the Finance Committee, Budget Committee, and Treasurer be accepted. The motion was carried.

REPORT OF THE PLANNING COMMITTEE (See page 583.)

Dr. W. M. Firor reported to the delegates for the Planning Committee and presented to them separately the various recommendations which this Committee submitted. He pointed out that these recommendations were not unanimously adopted by the Committee, but they represented the opinion of the majority, upon which the House of Delegates may deliberate, change, accept, or reject.

Recommendation 1. THAT THE SCIENTIFIC SESSIONS BE CURTAILED WITH OBJECT OF HAVING IN BALTIMORE A TWO-DAY ANNUAL MEETING INSTEAD OF A THREE-DAY MEETING IN CONJUNCTION WITH WHICH ALL SOCIAL ACTIVITIES SHALL BE SELF-SUPPORTING.

THAT THIS RECOMMENDATION BE SENT TO THE COMMITTEE ON SCIENTIFIC WORK AND ARRANGEMENTS FOR ITS CONSIDERATION:

Dr. Firor stated that this recommendation was sent to the Committee on Scientific Work and Arrangements and they, in turn, HAVE RECOMMENDED THAT THE ANNUAL MEETING BE CONTINUED ON THE PRESENT THREE-DAY BASIS.

Motion—adopted.

It was moved by Dr. Fort that the recommendation of the Committee on Scientific Work and Arrangements that the Annual Meeting be continued on the present three-day basis be approved, and substituted for the recommendation of the Planning Committee. This was seconded by Dr. Moyers and, after discussion, the motion was carried.

Recommendation 2. THAT THE SEMI-ANNUAL MEETING BE HELD IN OCEAN CITY, MARYLAND, UNLESS ONE OF THE COMPONENT MEDICAL SOCIETIES INDICATES THAT IT WISHES TO BE THE HOST TO THE STATE MEDICAL SOCIETY, AND THAT THERE BE A MINIMUM OF TIME GIVEN TO A SCIENTIFIC MEETING AND THE REMAINDER GIVEN TO BUSINESS AND SOCIAL EVENTS.

Dr. Firor stated that this, in effect, is the procedure which is now being followed.

On motion by Dr. Fort, duly seconded, the recommendation was approved.

Recommendation 3. THAT THE POSITION OF DIRECTOR BE ABOLISHED, MAY 30, 1957.

Motion—adopted.

On motion duly seconded and carried, the above recommendation was adopted.

Recommendation 4. THAT THERE BE APPOINTED AN EXECUTIVE SECRETARY WHO IS TO BE SELECTED AFTER SURVEY AND CONSULTATION BY EXPERTS IN THE FIELD AND THAT THE NECESSARY FUNDS BE MADE AVAILABLE TO CARRY OUT THIS SURVEY. IT WAS THE RECOMMENDATION OF THE COMMITTEE THAT A SPECIAL COMMITTEE FROM THE COUNCIL BE APPOINTED AND GIVEN THE RESPONSIBILITY OF SELECTING AN EXECUTIVE SECRETARY AND

THAT SUCH COMMITTEE BE GIVEN THE POWER TO CALL IN THE NECESSARY CONSULTANTS.

In the discussion that concerned this recommendation it was emphasized that the Executive Secretary would be chosen by a committee, which committee would have the power to call in any necessary consultants to aid in the determination of the type of candidate that might be desirable, and the duties which one might expect the candidate to perform. This implied the expenditure of a sum of money incident to the use of such a consultant.

Motion—adopted.

The recommendation was approved on motion, duly made, seconded, and carried.

Recommendation 5. THAT THE POSITION OF LEGISLATIVE REPRESENTATIVE BE ESTABLISHED.

The delegates were informed that Mr. Kirkman has given the Faculty invaluable aid in his legislative services, but that it was necessary for the Faculty to have additional help for Mr. Kirkman, and to plan for someone to succeed him at some time in the future.

Motion.

It was moved and seconded that the recommendation be accepted.

During the discussion, Dr. Fort pointed out that the employment of a Legislative Agent may range from five hundred dollars (\$500.00) to fifteen hundred dollars (\$1,500.00). Dr. Moyers pointed out the importance of having adequate legislative watchfulness and felt that we could not afford to be without the services of an active Legislative Agent. Dr. Prather was given the privilege of the floor and discussed the recent difficulties, which the Health Department and the medical profession as a whole, have had with the Bills introduced by the chiropractors.

Motion—adopted.

The motion was carried.

Recommendation 6. THAT WE EMPLOY A PUBLIC RELATIONS MAN.

There was a diversity of opinion regarding the desirability of the Faculty employing someone specifically for public relations. The delegate from Washington County reported that his Component Society had instructed the delegates to vote against this recommendation and that they vote in favor of combining the duties of public relations with those of the Executive Secretary. Dr. Jett, the delegate from Calvert County, and Dr. Ball, from Montgomery County, expressed similar views.

Motion—defeated.

The motion that a Public Relations man be employed was defeated 37 to 30.

Motion—adopted.

Dr. Layman moved that the duties of a Public Relations man be made the function of the Executive Secretary. Seconded by Dr. Needle and the motion was carried.

Recommendation 7. THAT THE JOURNAL BE ABOLISHED AND A PERIODIC NEWS LETTER BE CIRCULATED BY THE EXECUTIVE SECRETARY—SUCH NEWS LETTER TO CONTAIN ANNOUNCEMENTS, PERSONAL NOTICES, ETC.

It was moved by Dr. Warde Allan, and seconded, that this

recommendation be adopted. Rather vigorous discussion followed, during which Dr. Daugherty, Dr. Samuel Morrison, Dr. Schoolman, and after being given the privilege of the floor, Dr. Koontz spoke against the abolition of the Journal. *Motion—disapproved.*

The motion to abolish the Journal was disapproved.

Recommendation 8. THAT UNTIL THE LIBRARY IS SELF-SUPPORTING ALL REFERENCE WORK PERFORMED BY THE LIBRARY BE DONE AT A RATE DETERMINED BY THE LIBRARY COMMITTEE TO BE THE ACTUAL COST OF SUCH WORK:

Motion—adopted.

This recommendation was explained by Dr. Firor and on motion made, seconded and carried, was passed.

Recommendation 9. THAT IN ADDITION TO THE PRESENT REPRESENTATION FROM THE BALTIMORE CITY MEDICAL SOCIETY ON THE COUNCIL, ONE MEMBER IS TO BE ELECTED BY EACH COMPONENT MEDICAL SOCIETY.

Dr. Firor commented upon the interest and attendance shown by the members of the Planning Committee. The effectiveness of this committee consisting almost entirely of a group of men, such as the representative of his component, suggested that similar representation might be advisable for the Council.

Motion.

Dr. Bird moved that the recommendation be amended to refer this to the Planning Committee for further consideration.

During the discussion it was pointed out that adequate representation of the Counties should be developed through members of the Council.

Amendment—approved.

The amendment was approved.

Recommendation Withdrawn. Dr. Firor, as Chairman of the Planning Committee, withdrew the recommendation.

Recommendation 10. COMMITTEES WHICH ARE TO BE CONTINUED:

- a. FINANCE COMMITTEE TO BE FUSED WITH THE BUDGET COMMITTEE.
- b. NOMINATING COMMITTEE.
- c. LIBRARY COMMITTEE.
- d. FINNEY FUND COMMITTEE.
- e. COMMITTEE ON SCIENTIFIC WORK AND ARRANGEMENTS.
- f. COMMITTEE TO COOPERATE WITH THE A.M.E.F.
- g. COMMITTEE ON CONSTITUTION AND BY-LAWS.
- h. LEGISLATIVE COMMITTEE.
- i. MATERNAL AND CHILD WELFARE COMMITTEE.
- j. JOINT COMMITTEE WITH THE BAR ASSOCIATIONS ON MEDICOLEGAL PROBLEMS.
- k. NEW BUILDING COMMITTEE.
- l. PROFESSIONAL CONDUCT COMMITTEE.
- m. ADVISORY COMMITTEE TO CONSULT WITH THE STATE DEPARTMENT OF HEALTH.
- n. COMMITTEE ON VETERANS' MEDICAL CARE.
- o. COMMITTEE TO STUDY PROBLEMS OF MU-

TUAL INTEREST TO MEDICAL AND CHIRURGICAL FACULTY AND MARYLAND PHARMACEUTICAL ASSOCIATION.

p. COMMITTEE ON NATIONAL EMERGENCY MEDICAL SERVICE.

Motion—adopted.

It was moved by Dr. Whitmer B. Firor, seconded and carried that this recommendation be adopted.

Recommendation 11. COMMITTEES WHICH ARE TO BE ABOLISHED:

- a. BLOOD BANK COMMITTEE.
- b. COMMITTEE ON DIABETES.
- c. EDITORIAL BOARD OF THE MARYLAND STATE MEDICAL JOURNAL.
- d. GERIATRICS COMMITTEE.
- e. COMMITTEE ON INDUSTRIAL HEALTH
- f. T. B. COMMITTEE.
- g. THE COMMITTEE TO STUDY PROBLEM OF ACCREDITATION OF HOSPITALS.
- h. COMMITTEE FOR BETTER DISTRIBUTION OF DOCTORS THROUGHOUT THE STATE.
- i. COMMITTEE TO STUDY LICENSURE OF HOMEOPATHIC PHYSICIANS BY HOMEOPATHIC BOARD.
- j. COMMITTEE TO STUDY LIAISON BETWEEN THE MEDICAL PROFESSION AND MARYLAND GENERAL ASSEMBLY.
- k. MEDICAL ADVISORY COMMITTEE TO THE STATE DEPARTMENT OF HEALTH IN REFERENCE TO THE POLIO VACCINE IMMUNIZATION PROJECT.
- l. FACT-FINDING COMMITTEE TO INVESTIGATE POSTGRADUATE EDUCATION.
- m. COMMITTEE TO CONSIDER RELATIONSHIP BETWEEN HOSPITALS AND SPECIALTIES AND THE MANNER OF PAYMENT FOR PROFESSIONAL SERVICES.
- n. COMMITTEE TO REPRESENT THE MEDICAL AND CHIRURGICAL FACULTY ON MARYLAND JOINT COMMITTEE FOR IMPROVEMENT OF CARE OF PATIENTS SPONSORED BY MARYLAND-DISTRICT OF COLUMBIA-DELAWARE HOSPITAL ASSOCIATION.
- o. COMMITTEE TO CONFER WITH CHIROPRACTORS.

Motion.

Dr. C. Rodney Layton moved that the recommendations of the Planning Committee be approved except where the committee chairman has indicated that he wishes the committee to be continued, and that such committees be considered separately. Seconded by Dr. Kress.

In the discussion that followed many committee chairmen wished their committees to be continued, and the following committees were excepted:

- Committee on Diabetes.
- Editorial Board of the Maryland State Medical Journal.
- Committee on Industrial Health.
- Tuberculosis Committee.
- Committee to Study Licensure of Homeopathic Physicians by Homeopathic Board.

Committee to Consider the Relationship between Hospitals and Specialties and the Manner of Payment for Professional Services.

Motion—approved.

The motion was approved, following which the excepted committees were voted on separately.

(Committees abolished: Blood Bank Com.; Geriatrics Com.; Com. to Study Problem of Accreditation of Hospitals; Com. for Better Distribution of Doctors Throughout the State; Com. to Study Liaison Between the Medical Profession and Maryland General Assembly; Medical Advisory Com. to the State Dept. of Health in Reference to the Polio Vaccine Immunization Project; Fact-Finding Com. to Investigate Postgraduate Education; Com. to Represent the Med. & Chir. Faculty on Maryland Joint Com. for Improvement of Care of Patients Sponsored by Maryland-District of Columbia Hospital Association; Committee to Confer with Chiropractors.)

Committee on Diabetes. It was moved, seconded, and carried that this Committee be continued.

Editorial Board. It was moved, seconded and carried that as the Maryland State Medical Journal is not to be abolished, the Editorial Board will be continued.

Committee on Industrial Health. It was moved, seconded, and carried that this Committee be continued.

Tuberculosis Committee. It was moved, seconded, and carried that this Committee be continued.

Committee to Study Licensure of Homeopathic Physicians by Homeopathic Board. It was moved, seconded, and carried that this Committee be continued.

Committee to Consider the Relationship between Hospitals and Specialties and the Manner of Payment for Professional Services. It was moved, seconded, and carried that this be continued.

Recommendation 12. COMMITTEES WHICH ARE TO COMPLETE THEIR STUDIES AND THEN BE ABOLISHED AFTER THEY HAVE FINISHED THEIR ASSIGNMENTS:

- a. COMMITTEE TO CONFER WITH INSURANCE CARRIERS IN REGARD TO PROBLEM OF SPECIALTIES—RADIOLOGY, PATHOLOGY, ANESTHESIOLOGY. (This Committee in its report requested to be continued with the same personnel.)
- b. COMMITTEE TO INVESTIGATE THE MALPRACTICE INSURANCE PROBLEM.
- c. COMMITTEE TO REVIEW PROPOSED REGULATIONS ON HOSPITAL LICENSING.
- d. COMMITTEE TO INVESTIGATE GROUP INSURANCE ON A STATE-WIDE BASIS.
- e. PLANNING COMMITTEE.

Motion.

Dr. W. B. Firor moved that the recommendation be accepted, seconded by Dr. Waldo B. Moyers.

Motion—amendment.

Dr. R. C. V. Robinson moved that the recommendation be amended, and that the Planning Committee be continued as a permanent committee. The amendment was accepted.

Motion—adopted.

The motion as accepted was approved.

Recommendation 13. COMMITTEES WHICH ARE TO BE ABOLISHED AND THEIR DUTIES ASSIGNED AS INDICATED.

- a. ADVISORY COMMITTEE TO THE WOMAN'S AUXILIARY—NOW A FUNCTION OF THE EXECUTIVE COMMITTEE.
 - b. MARYLAND ADVISORY COMMITTEE TO SELECTIVE SERVICE. THIS IS AN AFFILIATE AND NOT A TRUE FACULTY COMMITTEE. THE FACULTY'S ONLY DUTY IS TO NAME AN APPOINTEE: THIS FUNCTION CAN BE CARRIED OUT BY THE COUNCIL.
 - c. MEMOIR COMMITTEE. THIS TO BE A MEMOIR APPOINTEE MADE ANNUALLY BY COUNCIL.
 - d. COMMITTEE FOR THE STUDY OF PELVIC CANCER. RECOMMEND TO THIS COMMITTEE AND TO THE BALTIMORE CITY MEDICAL SOCIETY THAT THIS COMMITTEE BE A FUNCTION OF THE BALTIMORE CITY MEDICAL SOCIETY.
 - e. {COMMITTEE ON PUBLIC INSTRUCTION.}
 - f. {COMMITTEE ON RURAL MEDICINE.}
- TO BE THE FUNCTION OF THE PUBLIC RELATIONS DIRECTOR
- g. ADVISORY COMMITTEE TO THE STATE ACCIDENT FUND,—THIS TO BE AN APPOINTEE NAMED BY THE COUNCIL.
 - h. MENTAL HYGIENE COMMITTEE—A DEFINITE DECISION REGARDING THE MENTAL HYGIENE COMMITTEE HAS NOT BEEN REACHED. IT MAY BE THAT THIS COMMITTEE SHOULD BE CONTINUED.

Advisory Committee to the State Accident Fund. Requests were made from the floor that the Advisory Committee to the State Accident Fund be continued. During the discussion regarding this it was pointed out that this Committee has been confused previously with the Committee on Industrial Health, and that it was this Committee that should be continued rather than the one on Industrial Health.

Mental Hygiene Committee. Dr. Firor withdrew the Mental Hygiene Committee from the list of Committees to be abolished.

Committee on Rural Health. Dr. Archie Cohen requested that the Committee on Rural Health be continued in accordance with the recommendations submitted a year ago. *The Committee for the Study of Pelvic Cancer* was likewise excepted.

Motion—adopted.

It was moved, seconded, and approved that the recommendations be approved with the exception of the committees listed above.

Committee for the Study of Pelvic Cancer. On separate vote, it was moved, seconded, and carried that the Committee for the Study of Pelvic Cancer be continued as a Statewide Committee.

Committee on Rural Medicine. It was moved, and seconded

that the Committee on Rural Medicine be continued. The recommendations of this Committee will be considered at the next session of the House of Delegates. This was carried.

Committee on Public Instruction. The Committee on Public Instruction submitted the following RECOMMENDATION THAT THE COMMITTEE ON PUBLIC INSTRUCTION SCREEN THE VARIOUS ARTICLES OF MEDICAL INTEREST WHICH ARE PUBLISHED IN THE LAY PRESS.

Motion—adopted.

The report with the recommendation, on motion seconded and carried, was approved.

Advisory Committee to the State Accident Fund.

Motion—adopted.

Dr. William B. Hagan moved that this Committee be continued as is, rather than be replaced by an appointee.

Dr. Edwards announced that the remainder of the Report of the Planning Committee would be held in abeyance, so that the Nominating Committee may report. This is in conformity with the Constitution and By-Laws.

NOMINATING COMMITTEE (See page 582.)

Dr. Reese then reported as Chairman of the Nominating Committee, and the following slate was presented:

President

J. SHELDON EASTLAND, Baltimore

Vice Presidents

ARCHIE ROBERT COHEN, Clear Spring
ALFRED R. MARYANOV, Cambridge
GRANT E. WARD, Baltimore

Secretary

EVERETT S. DIGGS, Baltimore

Treasurer

WETHERBEE FORT, Baltimore

Councilors

LEO BRADY, Baltimore (1960)
RUSSELL S. FISHER, Baltimore (1960)
R. WALTER GRAHAM, JR., Baltimore (1960)
HOWARD F. KINNAMON, Easton (1960)
ROSS L. MCLEAN, Baltimore (1960)
WALDO B. MOYERS, Hyattsville (1960)
CHARLES F. O'DONNELL, Towson (1960)

Delegate to American Medical Association

ROBERT V.L. CAMPBELL, Hagerstown (1958, 1959)

Alternate Delegate to American Medical Assn.

WILLIAM B. LONG, Salisbury (1958, 1959)

Committee on Scientific Work and Arrangements

HOUSTON S. EVERETT, Baltimore (1961)

Library Committee

J. ROY GUTHYER, Mechanicsville (1962)

Finnery Fund Committee

RICHARD T. SHACKELFORD, Baltimore (1962)

Board of Medical Examiners

NORMAN E. SARTORIUS, JR., Pocomoke City (1961)
VERNON H. NORWOOD, Baltimore (1961)

Dr. Reese pointed out that in accordance with the direction of the Delegates, names of the proposed councilors were sent

to the Component Societies, and the Component Societies had agreed that the names of these gentlemen should be brought before the House of Delegates for final selection.

The Chairman called for nominees from the floor. There were none.

Action.

To conform with the Constitution and By-Laws the report of the Nominating Committee was laid on the table until the final session of the House of Delegates.

Dr. W. M. Firor continued the Report of the Planning Committee.

Recommendation 14. The proposed New Medical Building in Area 12. There is a group planning to build a medical office building in Area 12.* They have been contacted and are willing to allow the Medical and Chirurgical Faculty to purchase a 20 to 40 per cent interest in the five million dollar building that they plan to build. To do this will require a two hundred to five hundred thousand dollar down payment, depending on the percentage of the total that the Society would decide it wished to purchase at the time of construction. The balance due on the mortgage which would be from one to two million would be self-liquidating as the income from the rental from the office in the building would liquidate the mortgage within the next twenty years.

During this time we would pay our share of the rent for the space occupied, and any surplus over the mortgage payment and our share of the income of the building would be applied to the general fund of the Society. At the end of twenty years we would then own, depending on what percentage we purchased, one to two million dollars in stock in this medical office building. It is estimated that at the end of that time our income from that stock should be enough to run our Faculty without any dues, or at least with a minimum amount of dues.

It is fully realized that this plan does not offer immediate relief to our problem, but it does offer a sound basis for permanent relief in the future. This building would have all the facilities, and more than now exist in our present building. This building will be built whether we participate or not.

This was presented as a matter of information, rather than as one requiring action and was reported upon by Dr. C. F. O'Donnell and Dr. A. E. Goldstein. They requested an expression from the House of Delegates as to its interest.

Motion.

It was moved by Dr. H. M. Bubert that the House of Delegates go on record as expressing interest in this project, and also go on record as giving the Committee a vote of confidence and requested that the Committee continue its investigation.

* Addendum: Area 12 is the redevelopment center, located within two blocks of our present building, where the State Office Building is going to be erected. Further, it will be within two or three blocks from the Jones Falls Expressway and other arteries out of the City. There will be ample parking facilities in this building and the immediate surrounding area.

Motion—adopted.

The above motion was seconded and carried.

ANNOUNCEMENTS

Announcements were made by the Secretary regarding further business to come before the House at its next meeting, including the election of officers, and that the election of the Board of Medical Examiners would be held at 11:00 a.m. on May 2, 1957.

CHANGE IN THE CONSTITUTION AND BY-LAWS

Dr. Layman proposed that a matter concerning changes in the Constitution and By-Laws regarding the appointment of the Nominating Committee be considered at this time under new business, in that the House of Delegates had directed that such changes be made at its last meeting (September, 1956) and this directive had not been followed.

Motion.

Dr. Layman moved that the proposed changes in the Constitution and By-Laws be adopted.

Dr. Diggs stated that this was on the agenda for the next meeting on May 3, 1957, and that if adopted at that time, it could become effective at the Semiannual Meeting. Dr. Diggs questioned the parliamentary procedure of proposing these amendments to the Constitution and By-Laws at this time. There followed a discussion regarding parliamentary procedure, on which Dr. Edwards ruled that the request to amend the Constitution and By-Laws was out of order and that the meeting be adjourned.

Dr. William T. Layman requested a vote on the rule of the Chair. Dr. Warfield M. Firor, at the request of the President, Dr. Edwards, took over the Chair, pointing out that it would require a two-thirds vote to counteract the ruling of the Chair. The Chair was upheld by a majority of 50 to 39 on poll show of hands.

The meeting was adjourned at 12:30 p.m.

Respectfully submitted,
EVERETT S. DIGGS, M.D., Secretary

MINUTES OF THE 222nd MEETING

Friday, May 3, 1957

The 222nd meeting of the House of Delegates was called to order by the President, Dr. C. Reid Edwards, on Friday, May 3, 1957, at 9:00 a.m.

The following members registered: Warde B. Allan, Council; Walter A. Anderson, Baltimore City; John G. Ball, Montgomery County; Philip J. Bean, St. Mary's County; Helen Bowie, Baltimore City; M. McKendree Boyer, Montgomery; Leo Brady, Council; A. Talbott Brice, Council; Ernest C. Brown, Jr., Baltimore City; Howard M. Bubert, Council; Walter B. Buck, Baltimore City; Robert vL. Campbell, Council; Thomas A. Christensen, Council; Ernest I.

Cornbrooks, Jr., Balto. City; George C. Coulbourn, Somerset County; Leslie E. Daugherty, Council; Melvin B. Davis, Baltimore County; Everett S. Diggs, Council; E. W. Ditto, Jr., Council; Hammond J. Dugan, Jr., Baltimore City; C. Reid Edwards, Council; Robert W. Farr, Kent County; Warfield M. Firor, Council; Whitmer B. Firor, Council; Wetherbee Fort, Council; Seymour Goldgraben, Cecil County; Albert E. Goldstein, Council; William E. Grose, Baltimore City; Donald B. Grove, Alleghany-Garrett Co.; Lewis P. Gundry, Bd. Med. Exam.; William B. Hagan, Prince George's Co.; Jacob C. Handelsman, Baltimore City; William H. Hanks, Dorchester Co.; Robert A. Hare, Montgomery County; Thurston Harrison, Talbot County; I. Bradshaw Higgins, Baltimore City; Ralph G. Hills, Council; J. Ralph Horky, Harford County; Clewell Howell, Council; R. Donald Jandorf, Baltimore City; Page C. Jett, Calvert County; Robert W. Johnson, III, Baltimore City; George A. Knipp, Baltimore City; Milton B. Kress, Baltimore City; William T. Layman, Washington; C. Rodney Layton, Queen Anne's County; Robert C. LaMar, Worcester County; William D. Lynn, Baltimore City; John G. Lyons, Anne Arundel County; Howard B. Mays, Baltimore City; Ross L. McLean, Council; R. S. McVaugh, Carroll County; Samuel Morrison, Baltimore City; Waldo B. Moyers, Prince George's Co.; Nathan E. Needle, Baltimore City; Charles F. O'Donnell, Baltimore County; John O. Robben, Montgomery County; Raymond C. V. Robinson, Baltimore City; Austin B. Rohrbaugh, Montgomery Co.; Louis R. Schoolman, Frederick County; E. Roderick Shipley, Baltimore City; Theodore R. Shrop, Howard County; Martin L. Singewald, Baltimore City; Edward Stinson, Jr., Baltimore City; Douglas H. Stone, Baltimore City; Martin E. Strobel, Baltimore County; J. Frank Supplee, III, Baltimore City; William A. VanOrmer, Alleghany-Garrett Co.; William H. F. Warthen, Council.

ELECTION OF OFFICERS

Motion.

The slate of nominees had been presented at the previous meeting of the House of Delegates. On motion of Dr. Warfield M. Firor, seconded by Dr. Christensen, it was moved that the slate be accepted and the Secretary was instructed to cast the ballot.

Motion—adopted.

The motion was carried. The following were elected:

President

J. SHELDON EASTLAND, Baltimore

Vice Presidents

ARCHIE ROBERT COHEN, Clear Spring

ALFRED R. MARYANOV, Cambridge

GRANT E. WARD, Baltimore

Secretary

EVERETT S. DIGGS, Baltimore

Treasurer

WETHERBEE FORT, Baltimore

Councilors

LEO BRADY, Baltimore (1960)

RUSSELL S. FISHER, Baltimore (1960)

R. WALTER GRAHAM, JR., Baltimore (1960)

HOWARD F. KINNAMON, Easton (1960)

ROSS L. MCLEAN, Baltimore (1960)

WALDO B. MOYERS, Hyattsville (1960)

CHARLES F. O'DONNELL, Towson (1960)

Delegate to American Medical Association

ROBERT V.L. CAMPBELL, Hagerstown (1958, 1959)

Alternate Delegate to American Medical Association

WILLIAM B. LONG, Salisbury (1958, 1959)

Committee on Scientific Work and Arrangements

HOUSTON S. EVERETT, Baltimore (1961)

Library Committee

J. ROY GUYTHER, Mechanicsville (1962)

Finney Fund Committee

RICHARD T. SHACKELFORD, Baltimore (1962)

UNFINISHED BUSINESS

The unfinished business of May 1, 1957 meeting of the House of Delegates was brought before the members.

REPORTS OF COMMITTEES (Continued)

The following recommendations of the Planning Committee were presented to the House of Delegates:

- (1) 15. THAT MEMBERS OF ALL COMPONENT SOCIETIES, INCLUDING BALTIMORE CITY MEDICAL SOCIETY, PAY UNIFORM ANNUAL DUES TO THE MEDICAL AND CHIRURGICAL FACULTY, THEREBY ELIMINATING THE DIFFERENTIAL NOW EXISTING BETWEEN THE DUES PAID BY MEMBERS OF THE BALTIMORE CITY MEDICAL SOCIETY AND THE MEMBERS OF THE OTHER COMPONENTS.
- (2) 16. THAT THE USE OF THE FACILITIES OF THE STATE SOCIETY BUILDING BY ANY COMPONENT SOCIETY BE ON A RENTAL BASIS, THE COST TO BE DETERMINED BY THE EXECUTIVE COMMITTEE.
- (3) 17. THAT THE BALTIMORE CITY MEDICAL SOCIETY, AND OTHER COMPONENT SOCIETIES IF THEY SO DESIRE, BE OFFERED SPACE FOR RENTAL ON AN ANNUAL BASIS, AND THAT SUCH SOCIETIES PROVIDE THEIR OWN EQUIPMENT, SUPPLIES, TELEPHONE SERVICE AND PERSONNEL.

Dr. W. T. Layman pointed out that the Resolution required a change in the Constitution and By-Laws, and therefore the House of Delegates could not act upon this because it had not been prepared for this in advance.

Motion—adopted.

Dr. Layman felt that the House of Delegates could either reject the proposals or refer them to the Committee on Resolutions and Committee on Constitution and By-Laws, and he moved that these three recommendations be referred to these two Committees. The motion was seconded by Dr. Christensen and carried.

The Secretary inquired as to whether or not an additional motion would be necessary to refer to the Committee on Constitution and By-Laws other recommendations of the Planning Committee which might have an effect upon our present Constitution and By-Laws, or whether or not this could be left to the discretion of the Faculty Officers.

No further direction was deemed necessary.

LEGISLATIVE COMMITTEE (See page 571.)

Dr. Karl F. Mech, Chairman of the Legislative Committee, made his report commenting particularly upon the difficulties which have existed and continue to exist with the rump Homeopathic Board. He likewise commented on the difficulty during the last legislature, about the bill sponsored by the chiropractors.

He pointed out that the State Society is now organized on a State-wide basis with representation from each Component Society.

The report of the Legislative Committee was accepted.

COMMITTEE TO STUDY PROBLEMS OF MUTUAL INTEREST TO MEDICAL AND CHIRURGICAL FACULTY AND MARYLAND PHARMACEUTICAL ASSOCIATION (See page 583.)

The Secretary presented the report of the Committee to Study Problems of Mutual Interest to Medical and Chirurgical Faculty and Maryland Pharmaceutical Association. The following is a recommendation of the Committee:

It was felt, AND THEREFORE IT IS RECOMMENDED THAT ALL PHYSICIANS OF THE STATE SHOULD BE MADE AWARE OF THIS INVESTIGATION, AND ALSO THE LAWS GOVERNING THE PRESCRIBING OF NARCOTICS.

Motion.

It was moved by Dr. Brady, seconded by Dr. Firor, that the report be accepted.

Motion—adopted.

TUBERCULOSIS COMMITTEE (See page 592.)

Dr. Edmund George Beacham submitted the report of the Tuberculosis Committee. The following are the recommendations:

1. PHYSICIANS SHOULD REPORT NEW CASES OF TUBERCULOSIS PROMPTLY.
2. CHEST X-RAYS SHOULD BE TAKEN ON ALL ADMISSIONS TO GENERAL HOSPITALS AND ON PATIENTS PRIOR TO ADMISSION TO NURSING HOMES.
3. HEALTH DEPARTMENT CHEST CLINICS SHOULD REFER TO PRIVATE PHYSICIANS TUBERCULOSIS PATIENTS ABLE TO PAY FOR THEIR CARE.
4. USE OF B.C.G. VACCINATION IN SELECTED GROUPS OF TUBERCULIN NEGATIVE PERSONS WITH INCREASED EXPOSURE TO TUBERCULOSIS CASES IN A COMMUNICABLE STATE.
5. A STEPPED-UP PROGRAM OF CASE FINDING AND PROMPT ISOLATION OF CASES OF TUBERCULOSIS TO CONTROL AND ERADICATE THIS COMMUNICABLE AND PREVENTABLE DISEASE.

Dr. Whitmer B. Firor objected to the recommendation that chest x-rays should be taken on all admissions to general hospitals and on patients able to pay for their care. He ap-

proved the principle but felt that the carrying out of this directive would be unrealistic and suggested rewording.

Motion.

After considerable discussion, Dr. Whitmer B. Firor moved that recommendation 2 be rejected.

Motion—withdrawn.

After considerable discussion the motion was withdrawn in order that the original report be reworded.

Motion.

Dr. Layman moved that the report with the following changes be approved: CHEST X-RAYS SHOULD BE TAKEN WHEN PRACTICAL ON ALL PATIENTS WHEN ADMITTED TO GENERAL HOSPITALS AND NURSING HOMES.

Report—approved.

The report, with recommendation 2 as reworded, was approved.

COMMITTEE ON VETERANS' MEDICAL CARE (See page 593.)

Dr. Koontz presented the recommendations of the Committee on Veterans' Medical Care.

1. STOP FEDERAL MEDICAL CARE OF ALL VETERANS WITH NON-SERVICE-CONNECTED DISABILITIES.
2. ABOLISH VA HOSPITALS AND HAVE VETERANS WITH SERVICE-CONNECTED DISABILITIES CARED FOR BY THE ARMED FORCES HOSPITALS OR BY LOCAL CIVIL HOSPITALS ON A HOME-TOWN CARE BASIS. U. S. PUBLIC HEALTH HOSPITALS MIGHT ALSO BE USED TO A LIMITED EXTENT.
3. IF, AND WHEN, THE VA HOSPITALS ARE ABOLISHED, A STUDY SHOULD BE MADE FROM THE STATE LEVEL AS TO THE DISPOSITION OF THE VA HOSPITAL FACILITIES. CONSIDERATION SHOULD BE GIVEN TO TURNING THEM OVER TO THE STATES, POSSIBLY AS HOSPITALS FOR TUBERCULOUS AND NEUROPSYCHIATRIC PATIENTS.
4. THAT THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND APPOINT A PROPERLY FINANCED COMMITTEE TO INVESTIGATE THE COST OF PATIENT CARE IN VA HOSPITALS IN THE STATE OF MARYLAND, AS COMPARED WITH THE COST OF PATIENT CARE IN CIVIL HOSPITALS. THERE IS REASON TO BELIEVE THAT NOT ONLY IS THE PER DIEM COST HIGHER (IF ALL COSTS ARE INCLUDED) BUT THAT THE LONGER AVERAGE STAY OF THE PATIENT IN VA HOSPITALS BOOST THE COSTS APPRECIABLY HIGHER.
5. THAT THE MEDICAL AND CHIRURGICAL FACULTY ASCERTAIN THE NUMBER OF ADDITIONAL HOSPITAL BEDS NEEDED IN MARYLAND IF VA HOSPITALS ARE DISBANDED, AND THAT THEY ENCOURAGE MEASURES TO PROVIDE SUCH BEDS.
6. THAT THE ACTION OF THE FACULTY BE COMMUNICATED TO THE AMERICAN MEDICAL ASSOCIATION.
7. THAT THE FACULTY MAKE AN ORGANIZED EFFORT TO GET CONGRESSIONAL ACTION IN ORDER TO CONSUMMATE SUCH OF THESE AIMS AS COME WITHIN THEIR PROVINCE.

Motion.

Dr. Layman moved to adopt Recommendation 1 of the Committee Report and approve the balance in principle, deleting the words "Abolish VA Hospitals and" from Recommendation 2, as long-range objectives to be effected or modified as desirable in the future when (1) has been achieved.

Motion—adopted.

The amendment was carried by one dissenting vote.

Motion—amended.

The motion was further amended at the suggestion of Dr. LaMar to reword Recommendation 1, to be as follows:

Limit Federal medical care of all veterans to service-connected disabilities.

Motion—adopted.

The motion as amended and reworded was approved.

The final recommendations read as follows:

1. LIMIT FEDERAL MEDICAL CARE OF ALL VETERANS TO SERVICE-CONNECTED DISABILITIES.
2. HAVE VETERANS WITH SERVICE-CONNECTED DISABILITIES CARED FOR BY THE ARMED FORCES HOSPITALS OR BY LOCAL CIVIL HOSPITALS ON A HOMETOWN CARE BASIS. U. S. PUBLIC HEALTH HOSPITALS MIGHT ALSO BE USED TO A LIMITED EXTENT.

RECOMMENDATION 1 IS APPROVED, AND THE REMAINDER IN PRINCIPLE AS LONG RANGE OBJECTIVES TO BE EFFECTED OR MODIFIED AS DESIRABLE IN THE FUTURE WHEN AND IF RECOMMENDATIONS 1 AND 2 ARE ACCOMPLISHED:

3. IF, AND WHEN #1 AND 2 ARE ACCOMPLISHED, A STUDY SHOULD BE MADE FROM THE STATE LEVEL AS TO THE DISPOSITION OF THE VA HOSPITAL FACILITIES. CONSIDERATION SHOULD BE GIVEN TO TURNING THEM OVER TO THE STATES, POSSIBLY AS HOSPITALS FOR TUBERCULOUS AND NEUROPSYCHIATRIC PATIENTS.
4. THAT THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND APPOINT A PROPERLY FINANCED COMMITTEE TO INVESTIGATE THE COST OF PATIENT CARE IN VA HOSPITALS IN THE STATE OF MARYLAND, AS COMPARED WITH THE COST OF PATIENT CARE IN CIVIL HOSPITALS. THERE IS REASON TO BELIEVE THAT NOT ONLY IS THE PER DIEM COST HIGHER (IF ALL COSTS ARE INCLUDED) BUT THAT THE LONGER AVERAGE STAY OF THE PATIENT IN VA HOSPITALS BOOST THE COSTS APPRECIABLY HIGHER.
5. THAT THE MEDICAL AND CHIRURGICAL FACULTY ASCERTAIN THE NUMBER OF ADDITIONAL HOSPITAL BEDS NEEDED IN MARYLAND IF VA HOSPITALS ARE DISBANDED, AND THAT THEY ENCOURAGE MEASURES TO PROVIDE SUCH BEDS.
6. THAT THE ACTION OF THE FACULTY BE COMMUNICATED TO THE AMERICAN MEDICAL ASSOCIATION.
7. THAT THE FACULTY MAKE AN ORGANIZED EFFORT TO GET CONGRESSIONAL ACTION IN ORDER TO CONSUMMATE SUCH OF THESE AIMS AS COME WITHIN THEIR PROVINCE.

BOARD OF MEDICAL EXAMINERS (See page 554.)

Dr. Gundry presented his report emphasizing particularly the difficulty which the Board of Medical Examiners has had with reference to Dr. Robert H. Reddick, Secretary of the Homeopathic Board.

Report—adopted.

The report of the Board of Medical Examiners was adopted on motion duly seconded and carried.

COMMITTEE TO INVESTIGATE GROUP INSURANCE ON A STATE-WIDE BASIS (See page 569.)

Dr. M. M. Boyer made the report for this Committee at the request of Dr. Lusby, Chairman of the Committee. Dr. Boyer pointed out that for the members of the Society TO OBTAIN THE BENEFITS OF GROUP INSURANCE, THE FACULTY WOULD HAVE TO COLLECT ALL THE PREMIUMS AND FORWARD THEM TO ALL INSURANCE COMPANIES. IF THE FACULTY CAN ASSUME THIS EXTRA WORK, THE COMMITTEE CAN PROCEED WITH THE INVESTIGATION OF OTHER PHASES OF THE PROBLEMS.

Report—adopted.

The delegates approved the motion that the report be accepted as a report of progress and approved that the Committee continue its study.

MEDICAL ADVISORY COMMITTEE FOR THE MEDICARE PROGRAM (See page 578.)

Dr. Grubb reported as Chairman of the Medical Advisory Committee for the Medicare Program, as to the progress which this Committee has made in the work of the Medicare Program.

Report—adopted.

The report was accepted on motion duly made, seconded and carried.

THIS COMPLETES THE BUSINESS WHICH WAS ORIGINALLY INTENDED FOR DISCUSSION AT THE MAY 1 MEETING OF THE HOUSE OF DELEGATES

COMMITTEE ON RURAL MEDICINE

The Secretary presented to the House of Delegates the following recommendations which were presented by the Committee on Rural Medicine at the Annual Meeting of the House of Delegates in 1956, and which are now being presented for action by the House of Delegates:

THAT THE NAME OF THE COMMITTEE ON RURAL MEDICINE BE CHANGED TO THE COMMITTEE ON RURAL HEALTH, SO THAT OUR DUTIES AND FUNCTIONS MAY BE MORE CLEARLY DEFINED.

THAT PLANS BE INSTIGATED, THAT EACH COMPONENT MEDICAL SOCIETY, BE RESPONSIBLE, FOR A HEALTH EXHIBIT, AT THEIR VARIOUS ASPECTS OF HEALTH PROBLEMS. THE EXHIBIT TO BE ARRANGED UNDER THE AUSPICES

OF OUR COMMITTEE, BUT TO BE MANNED BY THE COMPONENT MEDICAL SOCIETY, OR SOME GROUP RESPONSIBLE TO THEM, SUCH AS THE WOMAN'S AUXILIARY OF THE LOCAL SOCIETY.

THAT PLANS BE MADE FOR AN ANNUAL RURAL HEALTH CONFERENCE FOR THE STATE OF MARYLAND.

THAT THE COMPONENT MEDICAL SOCIETIES BE REQUESTED TO SET UP A COMMITTEE TO CORRESPOND TO THE STATE COMMITTEE ON RURAL HEALTH.

THAT, IN ORDER FOR THIS PROGRAM TO PROCEED IN AN ORDERLY MANNER, WITHOUT ANNUAL DISRUPTION, BECAUSE OF CHANGE IN MEMBERSHIP OF THIS COMMITTEE, THE COMMITTEE ON RURAL HEALTH BE COMPRISED OF SEVEN MEMBERS, ONE NEW MEMBER BEING ADDED EACH YEAR, THE CHAIRMAN BEING DROPPED, AND THUS EACH MEMBER WILL IN THIS MANNER WORK UP TO THE CHAIRMANSHIP OF THIS COMMITTEE IN HIS FINAL YEAR OF SERVICE.

Motion—adopted.

On motion duly made and seconded, it was moved that the recommendations of the Committee on Rural Medicine be adopted. The motion was carried.

REPORT OF THE RESOLUTIONS COMMITTEE (See page 588.)

Dr. Robert vL. Campbell, as Chairman of the Resolutions Committee, gave his report outlining the purpose of the Committee and the proposal that this Committee facilitate action by simply giving its opinion and allowing approval or disapproval of the Resolutions to come from the floor of the House.

NOMINATING COMMITTEE

The first Resolution pertained to the Nominating Committee. It was as follows:

BE IT RESOLVED, THAT THE NOMINATING COMMITTEE CONSIST OF THE TWO MOST RECENT LIVING PAST PRESIDENTS, THE SENIOR OF WHOM SHALL BE THE CHAIRMAN, AND THREE MEMBERS TO BE ELECTED BY THE HOUSE OF DELEGATES AT THE SEMI-ANNUAL MEETING.

Motion—adopted.

It was moved by Dr. Goldstein, seconded by Dr. R. C. V. Robinson, that the Resolution be adopted and referred to the Committee on Constitution and By-Laws. The motion was adopted.

It was pointed out that the Committee on Constitution and By-Laws would be expected to prepare the necessary changes promptly in order that these may be sent to the Component Societies within 30 days of the Semiannual Meeting so that it could be the first order of business at the Semiannual Meeting. These changes would then become effective at the September 1958 meeting of the House of Delegates and the Nominating Committee could be appointed at said session of the House of Delegates.

POLICY FOR COUNCIL ON RECOMMENDATION OF FEES AND NEWSPAPER RELEASES

RESOLUTION (Submitted by the Montgomery County Medical Society)

POLICY FOR COUNCIL ON RECOMMENDATION OF FEES AND NEWSPAPER RELEASES.

WHEREAS, AN ASSOCIATED PRESS DISPATCH ORIGINATING FROM BALTIMORE ON FEBRUARY 27 and 28, 1957 PROPOSED A \$3.00 TOP FEE FOR A POLIO SHOT, AND,

WHEREAS THIS DISPATCH WAS WIDELY DISSEMINATED TO THE PUBLIC BY MEANS OF RADIO, TELEVISION AND THE PRESS, AND WHEREAS SAID DISPATCH CREATED A GREAT DEAL OF CONFUSION, DISSATISFACTION AND AGITATION IN THIS AREA, NOT ONLY AMONG MEMBERS OF THE MEDICAL PROFESSION, BUT BETWEEN PATIENTS AND DOCTORS AS WELL, AND

WHEREAS THE COUNCIL OF THE MEDICAL AND CHIRURGICAL FACULTY IS CREDITED WITH HAVING MADE THIS NEWS RELEASE ON A SUGGESTED TOP FEE WITHOUT THE KNOWLEDGE OR CONSENT OF THE COMPONENT MEDICAL SOCIETIES, AND

WHEREAS CONDITIONS VARY FROM COUNTY TO COUNTY IN THEIR PROBLEMS REGARDING FEES, SUCH AS MONTGOMERY AND PRINCE GEORGE'S COUNTIES BEING AN INTEGRAL PART OF THE GREATER METROPOLITAN WASHINGTON AREA, AND,

WHEREAS THIS UNFORTUNATE NEWS RELEASE HAS DONE MUCH HARM IN OUR RELATIONS WITH THE PUBLIC AND WITH ADJOINING COMPONENT MEDICAL GROUPS OF THE AMERICAN MEDICAL ASSOCIATION, NOW, THEREFORE BE IT RESOLVED: THAT THE MONTGOMERY COUNTY MEDICAL SOCIETY GO ON RECORD IN VOICING ITS DISAPPROVAL OF THIS ACTION BY THE COUNCIL, AND, BE IT FURTHER RESOLVED THAT IMMEDIATE STEPS BE TAKEN BY THE FACULTY TO PREVENT A REOCCURRENCE OF SUCH ACTION, PERTAINING TO POLICY OR FEES, WITHOUT THE KNOWLEDGE AND RIGHT OF EACH COMPONENT COUNTY SOCIETY TO VOICE AN OPINION PRIOR TO ITS ADOPTION AND PUBLICATION.

Motion.

On motion made by Dr. C. F. O'Donnell, seconded by Dr. T. A. Christensen, the Resolution was approved.

PHYSICIAN IDENTIFICATION TAG (REMOVAL OF BLUE CROSS TAGS)

RESOLUTION (Submitted by H. F. Klinefelter, Jr., M.D.)

PHYSICIAN IDENTIFICATION TAGS (REMOVAL OF BLUE CROSS TAGS)

WHEREAS, PUBLIC RELATIONS OF THE MEDICAL PROFESSION IS AT A LOW EBB AND NEEDS TO BE IMPROVED, AND WHEREAS, THE PHYSICIANS' BLUE CROSS OR OTHER SIMILAR IDENTIFICATION TAGS ARE NOT REQUIRED AND SINCE THERE IS NO GOOD REASON WHY PHYSICIANS SHOULD BE IDENTIFIED WHEN OTHER PROFESSIONS ARE NOT, AND WHEREAS, WEARING SUCH BLUE CROSS DOES NOT BESTOW ANY PARTICULAR ADVANTAGES BUT MANY POTENTIAL DISADVANTAGES, BOTH TO THE PHYSICIAN AND TO THE MEDICAL PROFESSION, SUCH AS: FIRST, MAKING THE PHYSICIAN'S CAR MORE LIABLE TO BURGLARY BECAUSE OF THE KNOWLEDGE OF THE BURGLAR THAT DRUGS OR VALUABLES ARE PROBABLY INSIDE THE CAR; SECONDLY, RESENTMENT CREATED BY THE PUBLIC OBSERVING THE BLUE CROSS ON AN EXPENSIVE CAR OR OBSERVING THE BLUE CROSS ON ANY CAR IF THE DRIVER IS GUILTY OF A BREACH IN MOTORING ETIQUETTE; THIRDLY, THE INCREASING TENDENCY OF STATE POLICEMEN TO ARREST PHYSICIANS WHOSE CARS ARE SO MARKED WHEN THEY ARE DRIVING OUTSIDE OF THE STATE; FOURTHLY, THE INCREASED LIKELIHOOD OF BECOMING INVOLVED LEGALLY, UNLESS ONE IS VERY WARY, WHEN THE PHYSICIAN'S CAR IS STOPPED TO RENDER FIRST AID AT THE SCENE OF AN ACCIDENT.

BE IT RESOLVED, THAT THE PHYSICIANS OF MARYLAND BE URGED TO REMOVE THE BLUE CROSS OR SIMILAR IDENTIFICATION TAGS FROM THEIR AUTOMOBILES OR KEEP SUCH IDENTIFICATION TAGS IN THE GLOVE COMPARTMENTS OF THEIR CARS TO BE USED WHEN NECESSARY. IT IS SUGGESTED THAT THESE TAGS BE PLACED IN THE WINDSHIELD OR BE CLAMPED ON THE SUN VISORS WHICH CAN BE DEFLECTED DOWNWARD WHEN IDENTIFICATION IS NECESSARY.

Motion.

Dr. O'Donnell moved the adoption of the Resolution Committee recommendation to disapprove this Resolution.

Motion—adopted.

The motion was seconded and carried.

PROGRAM FOR PREVENTION OF AUTOMOTIVE HIGHWAY DISASTERS

RESOLUTION (Submitted by the Baltimore County Medical Association)

PROGRAM FOR PREVENTION OF AUTOMOTIVE HIGHWAY DISASTERS

WHEREAS, THE MEDICAL PROFESSION IS FULLY AWARE OF THE APPALLING DEATH RATE AND MAIMING OF HUMAN BODIES ON THE HIGHWAYS, AND

WHEREAS, CONCURRING WITH THE WORLD MEDICAL ASSOCIATION THAT IT IS THE DUTY AND RESPONSIBILITY OF THE MEDICAL PROFESSION IN EVERY COUNTRY OF THE WORLD TO ASSIST IN THE PRESERVATION AND MAINTENANCE OF HUMAN LIFE, AND

WHEREAS, A MEDICAL PROBLEM OF GRAVE RESPONSIBILITY RESTS UPON THE PROFESSION WHICH HAS BEEN NEGLECTED, THEREFORE

BE IT RESOLVED THAT A PROGRAM BE PRESENTED AND APPROVED TO PROTECT THE PUBLIC FROM AUTOMOTIVE

HIGHWAY DISASTERS, CAUSED BY THE MOTOR VEHICLE DRIVER. (See below "caps" for this paragraph which was amended.)

Motion.

After some discussion Dr. Boyer moved that the Resolution be rejected.

Considerable discussion followed, including a discussion by Dr. Austin Pearre whose comments were requested by the President. All the discussants spoke in favor of supporting the activities which are now going on to prevent highway disasters.*

Motion—withdrawn.

Motion.

Dr. Boyer withdrew his motion and Dr. Rohrbaugh moved that the Resolution be adopted with the change in the wording as follows:

BE IT RESOLVED, THAT A COMMITTEE OF THE MEDICAL AND CHIRURGICAL FACULTY BE APPOINTED TO COOPERATE WITH THE EXISTING FACILITIES NOW WORKING TO PROTECT THE PUBLIC FROM AUTOMOTIVE HIGHWAY DISASTERS CAUSED BY THE MOTOR VEHICLE DRIVER.

In further discussion it was pointed out that there was a Medical Advisory Committee to the Commissioner of Motor Vehicles, and that communications should be sent to Mr. Garrett, Secretary of the Medical Advisory Board at the Commissioner's office.

Motion—approved.

INSURANCE PLANS WITH CLOSED-PANEL ASPECTS

RESOLUTION (Submitted by the Baltimore County Medical Association.)

INSURANCE PLANS WITH CLOSED-PANEL ASPECTS

WHEREAS, IT HAS COME TO THE ATTENTION OF THE BALTIMORE COUNTY MEDICAL ASSOCIATION THAT SEVERAL INSURANCE PLANS WITH CLOSED-PANEL ASPECTS ARE BEING CONSIDERED BY ORGANIZATIONS WITHIN THE STATE OF MARYLAND WHICH ARE NOT PHYSICIAN SPONSORED, AND

WHEREAS, THE BALTIMORE COUNTY MEDICAL ASSOCIATION SUPPORTS THE PRESENT, PROPER PATIENT-PHYSICIAN RELATIONSHIP ON A FEE-FOR-SERVICE BASIS AND FAVORS ITS CONTINUANCE, THEREFORE

BE IT RESOLVED THAT THE BALTIMORE COUNTY MEDICAL ASSOCIATION RESPECTFULLY REQUEST THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND TO BRING THIS MATTER TO THE ATTENTION OF THE ENTIRE MEMBERSHIP FOR THEIR CONSIDERATION.

* To be published in October 1957 *Maryland State Medical Journal*, the Panel Discussion on The Medical and Legal Problems of Traffic Accident Prevention, which was presented at the Annual Meeting on Wednesday evening, May 1, 1957.

Motion—adopted.

*It was moved and seconded that this Resolution be approved.
The motion was carried.*

REPRESENTATION OF THE VARIOUS MEDICAL AND SURGICAL SPECIALTIES ON THE BOARD OF TRUSTEES OF THE MARYLAND MEDICAL SERVICE

RESOLUTION (Submitted for Dermatology Section of the Baltimore City Medical Society by Dr. Raymond C. V. Robinson, Delegate from the Baltimore City Medical Society.)

REPRESENTATION OF THE VARIOUS MEDICAL AND SURGICAL SPECIALTIES ON THE BOARD OF TRUSTEES OF THE MARYLAND MEDICAL SERVICE.

WHEREAS IN THE PAST, DERMATOLOGISTS HAVE NOT BEEN CONSULTED REGARDING FEE SCHEDULES OF THE MARYLAND MEDICAL SERVICE, PROBLEMS HAVE ARISEN REGARDING FEES, AND IT IS PROPOSED THAT THE CHAIRMAN OF THE COUNCIL BE ADVISED AS TO THE DESIRABILITY OF REPRESENTING THE VARIOUS MEDICAL AND SURGICAL SPECIALTIES ON THE BOARD OF TRUSTEES OF THE MARYLAND MEDICAL SERVICE.

IT IS FURTHER SPECIFICALLY RECOMMENDED THAT THE SPECIALTY OF DERMATOLOGY BE SO REPRESENTED.

After some discussion it was pointed out by Dr. R. C. V. Robinson that a substitute resolution would be submitted which might be more acceptable.

Motion—disapproved.

The Resolution as originally submitted was disapproved on motion made, seconded and carried.

The substitute Resolution is as follows:

RESOLVED, THAT THE CHAIRMAN OF THE COUNCIL REQUEST THE BOARD OF TRUSTEES OF THE MARYLAND MEDICAL SERVICE, INC. TO APPOINT A COMMITTEE CONSISTING OF A REPRESENTATIVE OF EACH SPECIALTY OR OTHER BRANCH OF MEDICINE NOT CURRENTLY REPRESENTED THROUGH MEMBERSHIP ON THE MEDICAL RELATIONS COMMITTEE.

REPRESENTATION ON THIS COMMITTEE SHALL BE OBTAINED BY WRITTEN REQUEST TO THE MEDICAL RELATIONS COMMITTEE, AND SIGNED BY AT LEAST THREE PRACTICING MEMBERS OF THE SPECIALTY OR OTHER BRANCH OF MEDICINE.

THIS COMMITTEE WILL SERVE IN AN ADVISORY CAPACITY TO THE MEDICAL RELATIONS COMMITTEE.

Motion—adopted.

It was moved, seconded and carried that this be accepted.

In this discussion it was pointed out that the Resolution should be so worded that the Council would be directed to request the Board of Trustees to appoint an Advisory group which would include all the specialties not now represented on the Medical Relations Committee.

The substitute resolution was approved.

NEW BUSINESS

POLICY OF MEDICAL CARE COUNCIL OF THE STATE PRORATING DOCTORS' BILLS DUE TO INSUFFICIENT FUNDS

Dr. Jett presented to the House of Delegates the following recommendations:

POLICY OF MEDICAL CARE COUNCIL OF THE STATE PRORATING DOCTORS' BILLS DUE TO INSUFFICIENT FUNDS.

As representative of the Medical and Chirurgical Faculty on the Council of Medical Care and as Chairman of the Council on Medical Care, I felt I should bring to the attention of the Faculty that I and many members of the profession have shown increasing dissatisfaction with the policy of the Medical Care Council which prorates the doctors' bills due to insufficient budget funds.

Most of the doctors have accepted proration very generously, but there is a principle involved which, I felt, should be brought before the Faculty so that I might be guided and properly represent them on the Council. The principle is this—doctors have from time immemorial assumed care of poor people without recompense. However, when the State takes over this function, then the State assumes the responsibility and when they run short of funds, they reach into the doctors' fees to find the difference between their budgetary allotment and the cost of the program.

The Council on Medical Care has made many attempts to avoid proration, and the one which has worked most effectively is the principle of quotas, in which the State only takes care of those people for whom they have adequate funds. As you may have imagined, this quota system kept eligible people off the medical care rolls and resulted in quite a political furor, so much so that the Governor ordered every eligible person put back on and made a supplemental budget amendment.

Whether the doctor takes care of the prorated patient or the patient off the program, all indigent people who need medical care will receive it from the doctor, and the latter policy defines accurately which ones are wards of the state and which ones the doctor can rightfully claim as his own charity.

Therefore, I ask that the Council of the Medical and Chirurgical Faculty review this and, if necessary, refer it to any other group they feel should discuss it so that we, who represent you on the Medical Care Council, will be properly advised.

My personal recommendations are:

- (1) THAT THE GOVERNOR AND THE LEGISLATURE ADOPT A MORE REALISTIC BUDGET BASED FIRMLY ON THE YEARS OF EXPERIENCE SO THAT THERE WILL BE NO NEED FOR PRORATION.
- (2) IN LIEU OF THE ADEQUATE BUDGET, THAT THE QUOTA SYSTEM BE ADOPTED, WHILE IT WOULD APPEAR TO PENALIZE INDIGENT PEOPLE, ACTUAL EXPERIENCE HAS SHOWN THAT NO ONE GOES WITHOUT MEDICAL CARE REGARDLESS OF WHETHER THEY ARE ON THE PROGRAM OR NOT.
- (3) I AM AGAINST PRORATION EXCEPT AS AN EMERGENCY

MEASURE BECAUSE THE DOCTOR IS PAYING A PART OF THE COST OF THE CARE OF WARDS OF THE STATE.

Motion.

It was moved that the proposals in this recommendation be adopted. The motion was seconded.

After considerable discussion Dr. LaMar moved that the motion be amended to the effect that the motion reads as follows:

THE MEDICAL AND CHIRURGICAL FACULTY REQUESTS THE STATE HEALTH DEPARTMENT TO INCLUDE A CONTINGENT APPROPRIATION REQUEST IN ITS ANNUAL BUDGET, THIS FUND TO BE USED ONLY TO PAY DEFICIENCIES IN THE MEDICAL CARE PROGRAM IN THE EVENT THAT THE REGULAR APPROPRIATION FOR THE MEDICAL CARE PROGRAM IS INSUFFICIENT TO MEET THE DOCTORS' FEES.

At the request of Dr. Edwards, the President, this was discussed by Dr. Prather, Director of the State Department of Health, and by Mr. Kirkman. It was pointed out that the contingent fund request should be included in the State Health Department budget.

Amendment—adopted.

The Amendment was adopted and the recommendation as amended was approved.

HEART ASSOCIATION OF MARYLAND

The Secretary read the following letter from the Heart Association of Maryland:

The Heart Association has a threefold program of Education, Research and Community Service. Our Education program consists of Professional and Public Education. The former includes seminars, postgraduate courses for physicians and nurses, the development and distribution of teaching tools for hospital staffs, professional publications for physicians, etc. The Public Education program is divided into two parts: the first is directed toward the education of the general public, and at present is taken care of through our speakers' bureau, school health programs, and general education material distributed to the papers, TV, etc. The second part is for the benefit of the patient with heart disease and is taken care of largely by pamphlets given the physician to be distributed by him to his patients.

Last year the Heart Association of Maryland jointly with the Maryland Academy of General Practice sponsored a postgraduate course in cardiac medicine. The physicians attending were asked "would it be helpful if the Heart Association began to develop group educational programs for physician referred patients to help acquaint them with such questions as: need for prophylaxis of rheumatic fever (for parents), preparation of low sodium diets, and the general background and nature of high blood pressure, rheumatic fever, arteriosclerosis. These programs would be designed wholly for patient understanding and not in any way for therapy." The response of the physician was overwhelmingly in the affirmative.

We have, therefore, planned to expand our Public Education program. An important goal is to prevent progress or recurrence of cardiac disease where possible as in the case of rheumatic fever, and to develop an understanding of such diseases. We feel that too much emphasis is placed on the negative aspects of heart disease and the patients are more frightened by a lack of understanding of such diseases and that proper knowledge can bring confidence. We want to dispel fear rather than promote "cardiophobia."

1. To start people to the early detection of heart disease we would publicize *not* specify symptoms (which need not indicate heart disease in all cases), but rather would advise the public, "if you feel sick, or differently than you are accustomed to feel, consult your physician. Let *him* decide if you have *any illness at all*." To develop confidence the public would be informed concerning the strides made in the diagnosis, cure and prevention of heart disease.

2. Educating those who do have heart disease such as the parents of patients with rheumatic fever is an obvious need in view of the fact that we know the cause and have an active prophylaxis program for this condition.

We believe that a program of this type, properly administered, with due regard for the physician-patient relationship and of the avoidance of creating fear in the public mind, would be a benefit to the physician, to his patient and to the public in general. The Heart Association of Maryland invites the cooperation and participation of the Medical and Chirurgical Faculty in such a program.

(Signed) SIDNEY SCHERLIS, M.D.

Chairman

Public Education Committee

The Medical and Chirurgical Faculty is invited to cooperate and participate in the Heart Association program in this State.

Motion—adopted.

It was moved and seconded that the Medical and Chirurgical Faculty cooperate as requested. Motion passed.

MARYLAND CHAPTER, MEDICAL SERVICE SOCIETY OF AMERICA

Dr. C. F. O'Donnell presented the following Resolution from the Medical Representatives of Maryland, Inc. (Detail men of pharmaceutical firms, etc.)

THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND GIVES RECOGNITION TO THE LOCAL CHAPTER OF THE MEDICAL SERVICE OF AMERICA, INC.

Motion—adopted.

Dr. O'Donnell moved that we grant them recognition. Motion was seconded by Dr. Fort and carried.

MEMORIAL TO DR. CHARLES R. AUSTRIAN

Dr. W. B. Moyers presented a motion that Council be authorized to select a suitable memorial to the memory of Dr.

Charles R. Austrian. The motion was carried.
Motion—adopted.

COMMENDATION TO THE COMMITTEE ON SCIENTIFIC WORK AND ARRANGEMENTS

Motion—adopted.

It was moved and seconded that the House of Delegates register its expression and appreciation and commendation to the

Committee on Scientific Work and Arrangements. The motion was carried.

ADJOURNMENT

On motion, the meeting adjourned at 12:15 P.M.

Respectfully submitted,
EVERETT S. DIGGS, M.D., Secretary

REPORTS^{1, 2, 3}

To the House of Delegates

SECRETARY

Mr. President and Members of the House of Delegates:

The total membership of the Medical and Chirurgical Faculty is 2,694. As of March 20, 1957, the following information is available: 2,331 paid-up members, 159 members that have paid neither dues nor assessments, 234 members who have not paid special assessment, 238 members who have not paid Building Fund.

There are 35 members in U. S. Service and carried while on their tour of duty without payment of dues. 30 members had been active in the Society for fifty years and longer, and we have 82 emeritus members. The status of American Medical Association paid-up dues is as follows: 885 members in Baltimore City, 651 members in Counties, making a total of 1,536.

The following Component Medical Societies are to be congratulated as all their members have paid their dues and assessments:

Cecil County	St. Mary's County
Charles County	Somerset County
Kent County	Talbot County
Queen Anne's County	Washington County

This is a record-breaking year for paid-in-full dues and assessments.

The complete statistical report is on page 540.

¹ A summary of these reports, which were submitted by the Officers, Chairman of the Council, A.M.A. Delegates, and the Chairman of the Committees, was mailed to every Delegate and the President and Secretary of each Component Society prior to the meeting of the House of Delegates on Wednesday, May 1, 1957.

² Membership Roster for March 31, 1956 to May 31, 1957, published in August 1957 Journal, Vol. 6, No. 8.

³ Key for Committee Reports: All recommendations and resolutions in "italics" regardless of whether or not adopted by the House of Delegates.

The year 1956 has been a very busy and full one for your State Society.

National problems have arisen and have been met ably by the many Committees who have helped to make this organization function. The Legislative Committee has been called on many times to act in support of, or opposition to, both State and National legislation.

The Medicare Program has been developed and a contract negotiated with the Government with a fee schedule which was prepared by a special committee and approved by the Component Societies and the established medical groups throughout the State.

The Planning Committee and the Steering Committee have met many times and it is anticipated that final recommendations will be presented to you on May 1, 1957.

The work load in the office continues to be heavy and efforts have been expended during the past year to streamline the work and to avoid duplicate and unnecessary mailings of material to the members and officers of the Component Societies. Our Staff is still inadequate to handle the current work load and provide for the members the type of service which should be available. However, it must be remembered that this office is charged with the responsibility of carrying out the activities which are authorized and required through the actions taken by the House of Delegates, the Council, and the Executive Committee of the Council.

As a result of reorganization through the Planning Committee we hope that the office will be able to carry out the program of activities which are developed by the House of Delegates, the Council and the Executive Committee for us to follow—a program which will be aimed towards developing a strongly unified Medical and Chirurgical Faculty providing for each of its members a worthwhile return for the funds he contributes towards its maintenance.

Respectfully submitted,
EVERETT S. DIGGS, M.D., Secretary

Secretary's Report
May, 1957

Member- ship 1956	Member- ship 1957	Members Paid in Advance— Dues & Assess- ments	Counties	New Mem- bers	Re- moved	Re- signed	De- ceased	Drop- ped	U.S. Service
76	75	66	Allegheny-Garrett County Medical Society	3	1		3		2
67	75	72	Anne Arundel County Medical Society	13	3	1	1		2
1464	1460	1405	Baltimore City Medical Society, Active	92	47	8	21	20	24
96	123	113	Baltimore City Medical Society, Associate	45	13	2		3	2
173	173	157	Baltimore County Medical Association	9	5			4	
4	4	3	Calvert County Medical Society						
11	11	10	Caroline County Medical Society						
33	35	28	Carroll County Medical Society	2					1
24	24	24*	Cecil County Medical Society, Active	1		1			
6	8	8*	Cecil County Medical Society, Associate	3		1			
13	12	12*	Charles County Medical Society		1				
26	24	23	Dorchester County Medical Society	1		1	2		
57	57	56	Frederick County Medical Society	3			3		
36	34	33	Harford County Medical Society, Active	2	4				
	1	1	Harford County Medical Society, Associate	1					
8	9	8	Howard County Medical Society	1					
13	14	14*	Kent County Medical Society	1					
212	236	158	Montgomery County Medical Society, Active	32	5	2	1		2
12	11	7	Montgomery County Medical Society, Associate			1			5
97	99	93	Prince George's County Medical Society, Active	6	1	2		1	2
22	23	18	Prince George's County Medical Society, Associate	1					
6	7	7*	Queen Anne's County Medical Society	1					
13	14	14*	St. Mary's County Medical Society, Active	2	1				
	1	1*	St. Mary's County Medical Society, Associate	1					
9	6	6*	Somerset County Medical Society, Active			3			
	1	1*	Somerset County Medical Society, Associate	1					
29	31	31*	Talbot County Medical Society	2					
79	78	78*	Washington County Medical Society	5	3	2	1		
58	60	57	Wicomico County Medical Society	5	2		1		
13	13	10	Worcester County Medical Society						
50	68	51	Non-resident membership	23	2	3			
2707	2787	2565		256	88	27	33	28	40

Active Members.....	2550	Gain Active Members.....	29
Associate Members.....	169	Gain Associate Members.....	33
Non-resident Members.....	68	Gain Non-resident Members.....	18
	2787	Total Gain.....	80

* 100% Paid in Advance.

TREASURER*

Mr. President and Members of the House of Delegates:

The year 1956 was a rather stormy one, likewise very fruitful regarding the financial operations of the Medical and Chirurgical Faculty. (See pages 542-549 for the Financial Statement of the Auditors and this page for Fiscal Facts.)

March, 1956, I was presented a budget outline which showed the expectant income for the year of 1956 of \$133,969, net. And at the same time, a proposed increase in expenses for 1957. The Budget and Finance Committees had several meetings and tried in every way possible to reduce the figures of the proposed increased expenses with the idea of bringing them somewhere near our expected income. This however proved impossible.

I would like you to know that each item was carefully considered and still no solution was determined. I requested permission from the Council to let me operate on the known income of 1956. This was granted. At the same time, I requested the absolute necessity of passing an assessment before the House of Delegates on each member to meet this increase in expenses. With such a discrepancy between the known income and the necessary increase in expenses, I felt that it would be a wise procedure to have the Council appoint a committee for the purpose of surveying all the operations of the Faculty,

and to see what actually was needed, what if anything could be eliminated; but above all, a proper job analysis for the personnel who are receiving disgraceful wages. This consequently was formed and the results of the findings will be given to you at another point on this agenda.

The House of Delegates passed the assessment for 1956 and 1957. Consequently, all salaries were adequately increased.

When the findings of the Planning Committee are finally presented to the House of Delegates, to be passed, rejected or modified, I cannot see how it is possible for me to remove the assessment. Until we know what we want to buy and buy it, how can I possibly determine the cost and proportion it to each member.

These two years as your Treasurer have made me do a lot of thinking and I am rather disgusted with the attitude of many of the members. You either want a strong Society or you don't, and it is for the delegates to decide. Certainly, I have no function except to pay the bills.

In the final analysis, those members paying \$80.00 a year actually pay \$1.51 a week. For the members paying \$55.00 a year, it is approximately \$1.00 a week. I ask you where could you buy so much for so little? But again the decision is yours.

Respectfully submitted,
WETHERBEE FORT, M.D., Treasurer

FISCAL FACTS of the Medical and Chirurgical Faculty of the State of Maryland

Being a re-cast of the Budget for the 1957 Fiscal Year

(Printed in leaflet form and distributed to House of Delegates)

Estimated Income—Fiscal Year, 1957—by Source					
From Dues and Assessments.....	\$111,700.00	64.5%	Miscellaneous.....	9,251.00	5.3%
From Journal Advertising and Subscriptions.....	30,800.00	17.8%	Other:		
From Invested Funds.....	12,708.00	7.3%	Legal Fees.....	\$2,500.00	
From Annual and Semiannual Meetings.....	7,770.00	4.5%	Taxes.....	2,500.00	
From Baltimore City Medical Society and Dental Society.....	5,285.00	3.1%	Travel.....	2,000.00	
From Rentals.....	4,810.00	2.8%	Service to Committees.....	1,000.00	
			Legislative Expense..	1,000.00	
			Contingent.....	4,080.00	7.6%
				13,080.00	
	\$173,073.00	100.0%		\$173,073.00	100.0%
Estimated Disbursements—Fiscal Year, 1957—by Function and Object					
Administrative, secretarial and clerical salaries.....	\$47,568.00	27.4%	* Cost of Journal.....	\$38,150.00	
Publication of Journal*.....	38,150.00	22.0%	Less revenue from advertising and subscriptions.....	30,800.00	
Maintenance of Library.....	21,422.00	12.4%		\$7,350.00	
Maintenance of Property.....	17,302.00	10.0%	Less cost of Transactions (formerly printed separately, now published in Journal).....	1,000.00	
Postage, telephone, light and heat..	9,800.00	5.7%		\$6,350.00	
Meetings†.....	11,500.00	6.7%	Cost per member (2,751 members)..	2.30	
Office Supplies, office equipment and printing.....	5,000.00	2.9%			

* This also includes the Report of the Finance Committee.

† Of this amount \$7,770.00 is to be collected from sale of exhibit space and from other sources, leaving net cost to the Faculty of \$3,730 for Annual and Semi-Annual Meetings.

THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND
Baltimore, Maryland

GENERAL FUND—INCOME AND EXPENSE STATEMENT

For Year Ended December 31st, 1956

Income

Special Assessment.....		\$30,755.00
Dues—Baltimore City Dental Society.....	\$1,485.00	
—Baltimore City Medical Society.....	54,501.00	
—County Medical Society.....	26,756.50	
—Halls and Offices—Baltimore City Medical Society.....	620.00	
—Halls and Offices—Other.....	4,840.00	88,202.50
Gift—Dr. T. A. Christensen.....	5.00	
—Womens Auxiliary—Baltimore City Medical Society.....	300.00	305.00
Meetings—Annual and Semi-Annual—Exhibits.....		4,910.00
Baltimore City Medical Society		
For Salaries.....	4,033.10	
For Painting Supper Room.....	368.97	4,402.07
American Medical Association—For General Purposes.....		426.73
Journal—Advertisements.....	25,391.65	
—Subscriptions.....	4,245.31	29,636.96
Transfers from Consolidated Fund—Income Funds		
Bowen Fund—For Addressograph.....	1,517.60	
Charles M. Ellis Fund—For General Purposes.....	526.62	
John Ruhrah Fund—For Salaries.....	1,300.00	3,344.22
Use of Addressograph.....		97.00
Miscellaneous.....		18.28

Total Income..... \$162,097.76

Expenses

Accounting Fees.....	530.00
Communication Expense—Postage, Telephone and Telegraph.....	3,591.92
Contribution.....	50.00
Extraordinary Repairs.....	737.94
Fuel.....	3,257.89
Gas, Electricity and Water.....	2,376.85
Household and Janitorial Supplies.....	749.55
Insurance.....	1,178.41
Journal Expense.....	29,902.13
Legal Fees.....	1,450.00
Legislative Committee Expense.....	19.92
Other Committee Expenses.....	672.41
Maintenance of Property.....	1,696.40
Maryland Unemployment Insurance.....	148.70
United States Unemployment Insurance.....	160.35
Social Security Tax.....	2,163.86
Meetings—Annual and Semi-Annual.....	7,572.03
Miscellaneous Expenses.....	2,719.35
Purchases of Equipment.....	1,913.42
Office Supplies.....	1,300.75
Printing.....	1,225.11
Salaries.....	64,240.76
Travel.....	1,453.25

Total Expenses..... 129,111.00

Excess of Income over Expenses—For Year Ended December 31st, 1956..... 32,986.76

GENERAL FUND—SURPLUS ACCOUNT

For Year Ended December 31st, 1956

January 1st, 1956—Balance to Credit of Account.....	\$14,953.88
<i>Addition</i>	
Excess of Income over Expenses—For Year Ended December 31st, 1956.....	32,986.76
December 31st, 1956—Balance to Credit of Account.....	<u>47,940.64</u>

CONSOLIDATED FUND—INCOME FUNDS—INCOME AND EXPENSE STATEMENT

For Year Ended December 31st, 1956

*Income**Income from Consolidated Fund Investments**Bonds*

United States Government and Municipals.....	\$774.25	
Public Utilities, Railroads, etc.....	1,687.75	\$2,462.00

Stocks

Preferred.....	443.31	
Common.....	9,729.57	10,172.88

Interest Special Savings Account—The Savings Bank of Baltimore.....	73.09
---	-------

12,707.97

Less—Agencies Fees.....	517.83
-------------------------	--------

Net Income from Distributed Investment Income.....	12,190.14
--	-----------

*Income from Eugene Fauntleroy Cordell Fund Investments**Stocks*

Common.....	214.29	
Less—Agency Fee.....	11.21	203.08

Total Net Income from Investments.....	\$12,393.22
--	-------------

Interest on Savings Accounts—The Savings Bank of Baltimore.....	662.95
---	--------

Other Income.....	7.00
-------------------	------

Total Income.....	13,063.17
-------------------	-----------

Expenses

Library Purposes.....	6,477.47
-----------------------	----------

Transfer to General Fund—General Purposes.....	3,344.22
--	----------

Total Expenses.....	9,821.69
---------------------	----------

December 31st, 1956—Excess of Income Over Expenses.....	<u>3,241.48</u>
---	-----------------

CONSOLIDATED FUND—INCOME FUNDS—NET WORTH

For Year Ended December 31st, 1956

January 1st, 1956—Balance to Credit of Account.....	\$32,701.08
---	-------------

Addition

Excess of Income over Expenses—For Year Ended December 31st, 1956.....	3,241.48
--	----------

December 31st, 1956—Balance to Credit of Account.....	<u>35,942.56</u>
---	------------------

CONSOLIDATED FUND—INCOME FUNDS
 RECEIPTS, EXPENDITURES AND BALANCES
 For Year Ended December 31st, 1956

FUND	BALANCE JANUARY 1st, 1956	RECEIPTS			EXPENDITURES		BALANCES—DECEMBER 31st, 1956 REPRESENTED BY					BALANCES DECEMBER 31st, 1956			
		Interest on sav- ings ac- counts	Income from Investments		Other Income	Sub-Total	Library Purposes	Transfers to General Fund	BALANCE DECEMBER 31st, 1956	Savings account balances	Additions		Deduc- tions due to general fund		
			per cent	Distributive Share							Unin- vested cash			Invest- ments	Undepos- ited re- ceipts
Baker.....	\$33.61	\$.94	.62	\$75.58		\$110.13	\$25.72		\$84.41	\$67.07			\$17.34		\$84.41
Barker, Lewellys F.....	16.34	.47	.38	46.32		63.13	29.74		33.39	22.76			10.63		33.39
Bowen, Josiah S.....	2,413.12	66.99	8.51	1,037.38		3,517.49		\$1,517.60	1,999.89	1,761.89			238.00		1,999.89
Bressler, Frank C.....	724.73	19.48	1.72	209.66		953.87			953.87	905.77			48.10		953.87
Cordell, Eugene Fauntleroy	6,333.60	61.07	3.50	426.65	\$203.08	7,024.40			7,024.40	2,799.45	\$55.87	\$4,071.20	97.88		7,024.40
Cowels, Nellie N.....	110.86	2.93	.72	87.78		201.57	34.68		166.89	146.75			20.14		166.89
Ellis, Charles M.....	1,262.42	36.30	4.32	526.62		526.62		\$26.62	1,522.71	1,297.30			120.82	\$120.82	1,522.71
Finneg, John M. T.....	348.64	19.44	8.06	982.52		2,281.24	758.53		348.62	142.55			225.41		348.62
Frick, William F.....	342.40	9.22	14.41	1,766.60		2,141.08	1,793.06		439.40	419.26			410.01	203.94	439.40
Friedenwald, Julius.....	32.69	.95	.73	88.99		122.63	87.45		35.18	14.76			20.42	35.18	35.18
Harlan, Herbert.....	110.94	3.22	.72	87.77		201.93	167.63		34.30	14.16			20.14	34.30	34.30
McCleary, Standish.....	1,123.49	30.65	1.34	163.34		1,317.48			1,317.48	1,280.01			37.47		1,317.48
Oser Endowment.....	1,598.43	44.39	7.44	906.95		2,549.77	407.88		2,141.89	1,933.82			208.07		2,141.89
Oser Testamential.....	14,982.23	276.11	39.14	4,771.22		20,029.56	2,927.01	1,300.00	15,802.55	9,657.91	5,050.00	1,094.64	83.06		15,802.55
Ruhrak, John.....	1,173.56	33.72	2.97	362.04		1,569.32	245.77		1,323.55	1,240.49			70.76		1,323.55
Stokes, William Royal.....	1,053.51	28.94	2.53	308.41		1,360.86			1,390.86	1,320.10			60.69		1,390.86
Trimble, Isaac Ridgeway	1,040.51	28.13	2.17	254.53		1,323.17			1,323.17	1,262.48					1,323.17
Woods, Hiram.....		662.95	100.00	12,190.14	203.08	45,764.25	6,477.47	3,344.22	35,942.56	24,286.53	55.87	9,121.20	2,803.72	324.76	35,942.56
Totals.....	32,701.08														

CONSOLIDATED FUND—PRINCIPAL FUNDS

December 31st, 1956

FUND	PURPOSE	BALANCE JANUARY 1st, 1956	REDUCTION OF PROFIT ON SALE OF 10 SHARES SPERRY COR- PORATION IN 1954	BALANCE DECEMBER 31st, 1956
Baker.....	Books of Materia Medica.....	\$1,021.72	\$.81	\$1,020.91
Barker, Lewellys F.....	Library.....	612.69	.50	612.19
Bowen, Josiah S.....	General.....	13,883.00	11.12	13,871.88
Bressler, Frank C.....	General.....	2,819.53	2.25	2,817.28
Cordell, Eugene Fauntleroy.....	Relief of Widows and Orphans.....	5,701.66	4.58	5,697.08
Cowles, Nellie N.....	Library.....	1,175.62	.94	1,174.68
Ellis, Charles M.....	General.....	7,053.71	5.65	7,048.06
Finney, John M. T.....	Books, Journals and Lectureships on Surgery.....	13,147.26	10.53	13,136.73
Frick, William F.....	Maintenance Frick Library, Purchase Books and Journals.....	23,514.78	18.83	23,495.95
Friedenwald, D. Julius.....	Maintenance of Friedenwald Room.....	1,175.62	.94	1,174.68
Harlan, Herbert.....	Books of Ophthalmology.....	1,193.05	.95	1,192.10
McCleary, Standish.....	Lectureships and Books on Pathology.....	1,175.62	.94	1,174.68
Osler Endowment.....	Permanent Endowment for Books and Build- ings, by Bequest of Dr. Osler.....	2,187.81	1.75	2,186.06
Osler Testimonial.....	Medical Books and Maintenance of Osler Hall.....	12,131.69	9.72	12,121.97
Ruhrah, John.....	Library, Books and Journals, etc.....	63,864.61	51.16	63,813.45
Stokes, William Royal.....	Lectureships and Books on Bacteriology.....	4,844.01	3.88	4,840.13
Trimble, Isaac Ridgeway.....	Lectureships only.....	4,136.35	3.31	4,133.04
Woods, Hiram.....	General.....	3,529.30	2.84	3,526.46
		<u>163,168.03</u>	<u>130.70</u>	<u>163,037.33</u>

PROFIT OR LOSS ON SECURITIES SOLD, EXCHANGES OR REDEEMED

For Year Ended December 31st, 1956

AMOUNT	DESCRIPTION	SALES PRICE	COST	PROFIT OR LOSS
	BONDS			
400.00	United States of America Savings, Series "G", Due July 1st, 1956..	\$400.00	\$400.00	—
	STOCKS			
<i>Rights</i> 73	American Telephone and Telegraph Company.....	519.48	519.48	—
		<u>919.48</u>	<u>919.48</u>	<u>—</u>

FUNDS INVESTED IN FIXED ASSETS—PRINCIPAL

December 31st, 1956

January 1st, 1956—Balance to Credit of Account.....				\$397,305.51
<i>Additions</i>				
January 25th, 1956—1-4 Drawer Letter File.....	\$82.66			
—1-2 Drawer File.....	58.44	\$ 141.10		
January 31st, 1956 —1 Addressograph.....		1,567.60		
March 22nd, 1956—1 Underwood Typewriter Model 150 Serial # 7795104—Pica.....		209.35		
April 4th, 1956—1 Domore Chair—Green Fabrilite on Gray.....		40.37		
December 12th, 1956—1 Domore Chair—Green Fabrilite on Gray.....		42.50		2,000.92
				<u>399,306.43</u>
<i>Deduction</i>				
March 22nd, 1956—1 Typewriter Traded-In—Estimated Cost.....			175.00	
December 31st, 1956—Balance to Credit of Account.....				<u>399,131.43</u>

V stands for—greater antibiotic
blood levels • faster broad-spectrum

ACHROMYCIN V

is a new and superior form of ACHROMYCIN V
widely prescribed broad-spectrum antibiotic
in the treatment of more than 50 types of infections.
ACHROMYCIN V Capsules are absorbed
practically twice the absorption of other
oral broad-spectrum antibiotics.

ACHROMYCIN V is now available in—**CAPSULES**. (Pink) 250 mg., 100 mg. (tetracycline HCl equivalents, phosphate-buffered.) **SYRUP**. Each teaspoonful (5 cc.) of orange-flavored syrup contains 125 mg. of tetracycline HCl activity, phosphate-buffered. **LIQUID PEDIATRIC DROPS**. Each cc. (20 drops) contains 100 mg. of tetracycline HCl activity, phosphate-buffered. (Approx. 5 mg. per drop). Orange Flavor. Plastic dropper-type bottle of 10 cc.

ACHROMYCIN V

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LEDERLE PHARMACEUTICALS, INC.

absorption • earlier therapeutic
action

ACHROMYCIN* V

Tetracycline Buffered with Phosphate

ACHROMYCIN* Tetracycline—the
antibiotic, noted for its effectiveness
in 50 different infections. New
rapid-acting, offer an average of
in half the time—unsurpassed
therapy.

ACHROMYCIN V dosage: 6-7 mg. per lb. of body weight per day for children and adults.

REMEMBER THE V WHEN SPECIFYING ACHROMYCIN V

*Reg. U.S. Pat. Off.

LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, NEW YORK



BALANCE SHEET—DECEMBER 31st, 1956

ASSETS		LIABILITIES AND FUNDS	
<i>General Funds</i>		<i>General Funds</i>	
Cash—Maryland Trust Company.....	\$49,741.93	Account Payable—Building Fund—Assessments Collected.....	\$20.00
—Undeposited Receipts.....	296.85	<i>Designated Funds</i>	
—Petty Cash Fund.....	100.00	For Library Account—Books and Journals.....	\$250.32
<i>Due from Consolidated Fund—Income Funds</i>		For Geriatrics Committee.....	78.00
Charles M. Ellis Fund.....	120.82	For Dental Books.....	33.49
William F. Frick Fund.....	203.94	Withholding Tax—United States—December, 1956.....	1,888.43
Special Savings Account.....	1.00	—Maryland—Fourth Quarter, 1956.....	306.96
Accounts Receivable—Employees—For Maryland Hospital Service.....	53.30	Total General Fund Liabilities.....	2,577.20
Total General Fund Assets.....	\$50,517.84	General Fund Surplus.....	47,940.64
<i>Consolidated Fund—Income Funds</i>		Total General Fund Liabilities and Surplus.....	\$50,517.84
Cash—The Savings Bank of Baltimore.....	24,286.53	<i>Consolidated Fund—Income Funds</i>	
—Undeposited Receipts.....	2,803.72	<i>Liabilities</i>	
—The Savings Bank of Baltimore—Special Account.....	1.00	Due to General Fund—From Charles M. Ellis Fund.....	120.82
Uninvested Cash—Held by Maryland Trust Company—Eugene Fauntleroy Cordell Fund.....	55.87	—From William F. Frick Fund.....	203.94
<i>Investments</i>		—From Special Savings Account.....	1.00
Maryland Medical Service, Inc.....	5,050.00	Total Consolidated Fund—Income Funds—Liabilities.....	325.76
Common Stocks—Cost.....	4,071.20	Net Worth.....	35,942.56
Total Consolidated Fund—Income Funds—Assets.....	36,268.32	Total Consolidated Fund—Income Funds—Liabilities and Net Worth.....	36,268.32
<i>Consolidated Fund—Principal Funds</i>		<i>Consolidated Fund—Principal Funds</i>	
Uninvested Cash—Held by Maryland Trust Company.....	860.14	<i>Principal Funds</i>	
—Held by Mercantile-Safe Deposit and Trust Company.....	309.60	Designated Funds.....	163,037.33
<i>Investments—Cost</i>		Total Consolidated Fund—Principal Funds.....	163,037.33
United States Government and Municipal Bonds.....	34,196.91	<i>Funds Invested in Fixed Assets</i>	
Public Utilities, Railroads, etc. Bonds.....	40,340.36	Principal.....	399,131.43
Preferred Stocks.....	10,022.58		
Common Stocks.....	77,307.74		
Total Consolidated Fund—Principal Funds—Assets.....	163,037.33		
<i>Funds Invested in Fixed Assets (No Depreciation Provided)</i>			
<i>Real Estate—Cost</i>			
Property—1201-11-13 Cathedral Street—In Fee.....	110,635.76		
Annex Property—1215-17 Cathedral Street—In Fee.....	19,118.95		
Personal Property—Appraisal Figures at December 31st, 1949 and Additions at Cost.....	231,370.00		
Library Books and Journals.....	24,006.72		
Office, Library, Household Fixtures, Antiques and Museum Pieces.....	14,000.00		
Portraits.....	269,376.72		
Total Funds Invested in Fixed Assets.....	399,131.43	Total Funds Invested in Fixed Assets—Principal.....	399,131.43
Forwarded.....	648,954.92		648,954.92

ASSETS—Continued

Brought Forward <i>Building Fund</i>	\$648,954.92
Cash—First National Bank—Checking Account	\$1,462.50
—The Savings Bank of Baltimore	2,220.32
Accounts Receivable—General Fund	\$3,662.82
<i>Investments—Cost</i>	20.00
United States Government Bonds	80,048.76
Public Utilities, Railroads, etc. Bonds	19,090.74
Total Building Fund Assets	102,842.32
<i>Contingent Fund—Income</i>	
Cash—The Savings Bank of Baltimore	1,558.51
Due from Contingent Fund—Principal	480.34
Total Contingent Fund—Income—Assets	2,038.85
<i>Contingent Fund—Principal</i>	
Uninvested Cash—Maryland Trust Company	61.65
<i>Investments—Cost</i>	
United States Government Bonds	2,500.00
Common Stock	7,347.11
Total Contingent Fund—Principal—Assets	9,908.76
<i>Medical Annals Fund</i>	
Cash—Union Trust Company of Maryland	1,022.14
Total Medical Annals Fund—Assets	1,022.14
<i>Harvey G. Beck Lectureship Fund—Income</i>	
Cash—The Savings Bank of Baltimore	319.06
Total Harvey G. Beck Lectureship Fund—Income Assets	319.06
<i>Harvey G. Beck Lectureship Fund—Principal</i>	
Uninvested Cash—Maryland Trust Company	163.15
<i>Investments—Cost</i>	
Common Stock	1,835.40
Total Harvey G. Beck Lectureship Fund—Principal Assets	1,998.55
Total Assets	767,084.60

LIABILITIES AND FUNDS—Continued

Brought Forward <i>Building Fund</i>	\$648,954.92
Principal	\$102,842.32
Total Building Fund—Principal	102,842.32
<i>Contingent Fund—Income</i>	
Net Worth	2,038.85
Total Contingent Fund—Income—Net Worth	2,038.85
<i>Contingent Fund—Principal</i>	
<i>Liabilities</i>	
Due to Contingent Fund—Income	480.34
Contingent Fund—Principal—Net Worth	9,428.42
Total Contingent Fund—Principal—Liabilities and Principal	9,908.76
<i>Medical Annals Fund</i>	
Principal	1,022.14
Total Medical Annals Fund—Principal	1,022.14
<i>Harvey G. Beck Lectureship Fund—Income</i>	
Balance	319.06
Total Harvey G. Beck Lectureship Fund—Income Balance	319.06
<i>Harvey G. Beck Lectureship Fund—Principal</i>	
Principal	1,998.55
Total Harvey G. Beck Lectureship Fund—Principal	1,998.55
Total Liabilities and Funds	767,084.60

BUILDING FUND—PRINCIPAL

For Year Ended December 31st, 1956

January 1st, 1956—Balance to Credit of Account			\$80,463.52
<i>Additions</i>			
Assessments		\$19,895.00	
Interest on Investments	\$2,460.01		
Interest on Savings Account—The Savings Bank of Baltimore	57.99	2,518.00	22,413.00
			<u>102,876.52</u>
<i>Deductions</i>			
Printing		31.00	
Bank Charges		3.20	34.20
			<u>102,842.32</u>
December 31st, 1956—Balance to Credit of Account			<u>102,842.32</u>

CONTINGENT FUND

For Year Ended December 31st, 1956

INCOME—NET WORTH

January 1st, 1956—Balance to Credit of Account			\$1,593.30
<i>Additions</i>			
Dividends		\$382.00	
Interest—United States Government Bonds		62.50	
—Savings Account		32.96	477.46
			<u>2,070.76</u>
<i>Deduction</i>			
Agency Fee			31.91
December 31st, 1956—Balance to Credit of Account			<u>2,038.85</u>

PRINCIPAL—NET WORTH

January 1st, 1956—Balance to Credit of Account			9,428.42
No Changes During Year			—
December 31st, 1956—Balance to Credit of Account			<u>9,428.42</u>

MEDICAL ANNALS FUND

For Year Ended December 31st, 1956

January 1st, 1956—Balance to Credit of Account			\$1,007.90
<i>Additions</i>			
Interest on Savings Account		\$10.00	
Receipts from Sale of Annals		4.24	14.24
			<u>1,022.14</u>
December 31st, 1956—Balance to Credit of Account			<u>1,022.14</u>

HARVEY G. BECK LECTURESHIP FUND
For Year Ended December 31st, 1956

INCOME

January 1st, 1956—Balance to Credit of Account		\$314.95
<i>Additions</i>		
Dividends	\$144.79	
Interest—Savings Account	10.13	154.92
		<hr/> 469.87
<i>Deductions</i>		
Agency Fee	5.85	
Expense of Lecture by Dr. Robert L. Levy	144.96	150.81
		<hr/>
December 31st, 1956—Balance to Credit of Account		<u>319.06</u>

PRINCIPAL

January 1st, 1956—Balance to Credit of Account	1,998.55
No Changes During Year	<hr/>
December 31st, 1956—Balance to Credit of Account	<u>1,998.55</u>

THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND,
1211 CATHEDRAL STREET,
BALTIMORE 1, MARYLAND.

GENTLEMEN:

We have made an audit of the records in the office of the Treasurer of The Medical and Chirurgical Faculty of The State of Maryland for the year ended December 31st, 1956. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances, with the exception of the verification of membership dues.

In our opinion, the Exhibits, together with the comments in this report, present fairly the financial position of the Faculty as of December 31st, 1956, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Respectfully Submitted,

WOODEN, BENSON & WALTON
Certified Public Accountants,
Members American Institute of Accountants

COUNCIL

Mr. President and Members of the House of Delegates:

This report is listed on the agenda for the House of Delegates as "Council," but it includes the reports for the Executive Committee of the Council and the House Committee.

At the December 6, 1956 meeting, the Council decided it would be advantageous for the Vice-Chairman to be conversant with the activities of the Executive Committee, and ruled that the Vice-Chairman should attend the meetings of this Committee.

If the reorganization of the Faculty, as recommended by the Planning Committee, is approved, *It will be necessary to amend the Constitution and By-Laws, and I would like to suggest that consideration at that time be given to including in the By-Laws, which is now Chapter VIII, Section 9, that the Vice-Chairman of the Council be included in the membership of the Executive Committee.*

There have been seven Council meetings (including April 1957), and eleven meetings of the Executive Committee.

MEDICARE PROGRAM. In August the Council was circularized as to whether the Faculty should comply with the request for a program of medical care for the dependents of those in the Armed Forces, and whether to proceed with negotiations of a fee schedule on a nomenclature provided by the Department of Defense Task Force, the fee schedule to be on a state-wide basis, Blue Shield to be Administrative Agent and the fee schedule of Blue Shield to be applied for this group. A Committee under the able Chairmanship of Dr. Karl Mech drafted a fee schedule. This Committee consists of members of the Medical Relations Committee of Maryland Medical Service, Inc., and representatives of Pathology, Anesthesiology, General Practice and representation from the County Medical Societies. They are as follows:

Dr. Karl F. Mech, Chairman, Baltimore
 Dr. C. Bernard Brack, Baltimore
 Dr. Frank J. Brady, Baltimore
 Dr. Webster H. Brown, Baltimore
 Dr. Robert P. Conrad, Hagerstown
 Dr. Ralph G. Hills, Baltimore
 Dr. W. R. Hodges, Jr., Cumberland
 Dr. J. H. Mason Knox, III, Baltimore
 Dr. Fred T. Kyper, Baltimore
 Dr. Walter C. Merkel, Baltimore
 Dr. S. Edwin Muller, Baltimore
 Dr. William D. Noble, Easton
 Dr. John W. Parsons, Baltimore
 Dr. John E. Savage, Baltimore
 Dr. Alexander J. Schaffer, Baltimore
 Dr. Henry F. Ullrich, Baltimore
 Dr. Byron D. White, Frederick

The fee schedule was approved by the Component Medical Societies, the specialty groups at the State level and sections of the Baltimore City Medical Society. The negotiating team appointed was Dr. Diggs and Dr. Mech, but Dr. Diggs was to be the spokesman for the Faculty as only one was allowed. Dr. Diggs went to Washington several times. Dr. Karl Mech, Mr.

Jesse Marden, Dr. J. Elliot Levi and your Chairman also attended these meetings. As a permanent record, I am attaching to this report the letter which was sent to the members as it contains a report of the program to date. Dr. Wilson Grubb was selected to serve as the Chairman of the Medical Advisory Committee to the Maryland Medical Service, Inc., who is our fiscal agent. There has not been a meeting of the Council since August at which some problem relating to this program has not been discussed. *I am recommending that the House of Delegates express its appreciation to Dr. Everett S. Diggs and to Dr. Karl Mech for their accomplishments on behalf of the medical profession of the State in reference to the Medicare Program.*

At the request of the House of Delegates, the Executive Committee met with representatives from the Vocational Rehabilitation Division of the State Department of Education and discussed the fees paid to physicians making examinations for this Department. A Committee to study fees and other problems of this Department already exists and the Council complied with the request of the State Department of Health and submitted a list of names from which the Department head was to select the medical representatives on the Committee.

The Council again requested Mr. G. C. A. Anderson to be the counsel for the Faculty and he accepted.

Physicians' Defense has been granted to four members and one member was refused defense as he had not paid his dues as set forth in the Constitution and By-Laws. Mr. Anderson reported that six cases had been settled. The Council finds itself in an embarrassing position when a member requests defense to find he is not eligible as he has not paid his dues and assessments by January 31st as required by the Constitution and By-Laws. The Council has no choice but to abide by this ruling and Mr. Anderson advises that it would be best not to make any exceptions.

Lists of names, as required by law, have been submitted to Governor McKeldin for appointment to the State Board of Physical Therapy Examiners, the Advisory Council on Hospital Construction to the State Board of Health, the Medical Advisory Board on Hospital Licensing, and the Medical Board for Occupational Disease for the State Industrial Accident Commission.

Before sending the appointments to Mr. R. H. Dabney, Director, Maryland Hospital and Maryland Medical Service, Inc., the names of members of the Faculty to serve in the various capacities on Blue Shield and Blue Cross Boards and Committees were given serious thought by the Council. Every effort was made to have the specialties represented.

As the House of Delegates referred to the Council for clarification the report on Veterans Medical Care as submitted by Dr. Koontz, the Executive Committee and Council reviewed the report, which Dr. Koontz subsequently sent to the members.

A gift of \$100.00 from the Woman's Auxiliary to the Baltimore City Medical Society was received and the Executive Committee recommended that it not be earmarked for any specific purpose until the Planning Committee has completed its recommendations.

Consideration and thought have been given to questions sent to us by the Component Medical Societies. These inquiries are about dues, councilor districts, discontinuing membership of a member, ethics, etc.

The Council has authorized the appointment of Committees, among them the Medical Advisory Committee on Medicare and the Central Coordinating Committee on Polio Vaccine. Two requests for funds for mailing information to all members were approved. These were from the Committee on Veterans' Medical Care and from the Committee to Cooperate with the American Medical Education Foundation.

After the Executive Committee heard the report from Dr. J. Edmund Bradley regarding the proposed program on polio vaccine for all State Medical Societies as recommended at the Conference held in Chicago by the American Medical Association, it appointed a Central Coordinating Committee. As an emergency measure \$1,000 was allocated to Dr. Bradley and his Committee to carry out the program and the major portion of the fund was to allow the Committee to have a public relations expert. Mrs. Naomi Duff Smith was selected by the Committee.

The Maryland State Medical Journal has been used to disseminate information to the members. The Council requests the Editor to publish articles and in the past couple of months the subjects covered were a statement from Dr. Finesinger, the Chairman of our Mental Hygiene Committee, on tranquilizing drugs, the Jenkins Keogh Bill and a statement on the policy which should be followed by insurance companies in paying the physician directly when requested by the patient. In conformity with the advice from Mr. Anderson, the policy for publishing in the Journal reports by the Pelvic Cancer and Maternal and Child Welfare Committees of the Faculty was forwarded to the Editor, who had requested instructions.

As instructed by this body, the President appointed a Parliamentarian, Dr. M. P. Johnson, who ably served in this capacity during the meetings of the House of Delegates of May 1956 and September 1956.

The Council in Executive Session reviewed the recommended staff salary schedule and approved it. A letter of appreciation was sent to the members of the Council and Executive Committee by the Library, Office and Janitorial Staffs.

The Director, in June 1956, was requested to make a desk study on every member of the Staff and then set up job specifications so that the Council would be able to arrive at a basis for salaries not only for the present employees but those employed in the future. The job classification was not made, therefore, in January 1957 Mr. Kirkman was requested to write up the "Employee Specifications and Classifications." This was approved by the Budget Committee in February 1957 and referred to the Executive Committee and Council.

The Council and the Executive Committee were briefed by Doctor Mech, Mr. Kirkman and Mr. Marden, on bills relating to medicine when presented to the Maryland General Assembly in its 1957 Session. Dr. Mech and Mr. Kirkman were advised as to the Faculty's wishes concerning each bill. Dr. Mech in his Legislative Committee report will give you detailed information about the bills including the Medical Practice Act which becomes law as of June 1, 1957. On this latter, Dr.

L. P. Gundry, Secretary of the Board of Medical Examiners, has reported.

I would like to recommend that this body go on record and adopt the following resolution:

Be it resolved that the House of Delegates expresses its appreciation to Dr. Karl F. Mech, Chairman of the Legislative Committee and to Mr. Walter N. Kirkman for their untiring efforts during the recent session of the General Assembly of Maryland. These gentlemen kept the Council informed of all bills of interest to the medical profession and were of real help in securing the passage and the defeat of the legislation we desired.

The other resolution which I hope you will adopt is an evidence that the medical profession is aware of its indebtedness to one of the members of the Medical and Chirurgical Faculty, Dr. Frank E. Shipley of Howard County, who is a member of the Senate of the General Assembly and also Chairman of the Medical Committee of the Legislative Council:

Be it resolved, that the House of Delegates of the Medical and Chirurgical Faculty in session on May 1, 1957, recognizes the valued assistance of Dr. Frank E. Shipley to the Medical and Chirurgical Faculty during the 1957 session of the General Assembly of Maryland,

And be it further resolved, that the House of Delegates expresses the appreciation of the members of the Medical and Chirurgical Faculty to Dr. Frank E. Shipley for this service to the medical profession.

Federal legislation has also been discussed and Dr. Karl Mech has been appointed by the Board of Trustees of the American Medical Association as the "legislative key man" for Maryland.

Dr. Robert H. Reddick of the "Rump Homeopathic Board" has filed suit against the Faculty as well as the members of the Board of Medical Examiners and Mr. Sybert, the Attorney General. Mr. G. C. A. Anderson, our legal counsel, has filed our answer denying all allegations and that the petition for writ of mandamus be denied.

In reference to the action against Dr. Reddick, the Medical and Chirurgical Faculty sent to the Component Medical Societies and State Medical Societies with a covering letter, copies of the letter written by the Attorney General of Maryland to the Attorneys General of other States and Judge Byrnes's Opinion on the "rump homeopathic board" and the list of invalid licensees.

An article on Narcotic Control is to be published in the Journal and Dr. C. R. Edwards is obtaining the information and writing the article which will advise the members of the Faculty of the laws governing narcotic prescriptions. This is a problem which was brought to our attention by the Chairman of our Medical Pharmacy Committee, Dr. E. F. Cotter and Dr. E. S. Diggs, and Dr. Warthen attended a meeting on November 21, 1957, in Police Commissioner Hepbron's office about this same matter.

In reference to cases where insurance companies refuse to honor the signed authorization of a patient to pay the physician directly, the Council adopted the principle that Insurance Companies should recognize the authorization to pay the doctor directly.

The Executive Committee ruled that the Faculty Building may be used for meetings without charge by the specialty groups that are organized as State-wide societies. This is the same courtesy that has been extended for years to the members of the Sections of the Baltimore City Medical Society.

Mr. G. C. A. Anderson, our legal counsel, was consulted as widows of members, and others, ask for guidance about records of deceased physicians. The following policy is recommended by Council:

It is established by law that the records of a physician are confidential, and can only be given to a third party by the consent of the patient concerned. In the opinion of counsel, the executors of a doctor's estate are the guardians of his records which should be kept for one year after his decease. During this interval, records may be given to a physician if the patient makes a request in writing. After the year the records should be destroyed.

The Council concurred in the recommendation of the Committee on Scientific Work and Arrangements:

Semiannual Meeting for 1957—Ocean City, Friday, September 20, 1957.

Annual Meeting for 1958—Baltimore, April 23, 24, 25, 1958.

The following have been active members of the Faculty for 50 years and are being added to our honored list of 50 year members:

Dr. Charles Bagley, Jr., Baltimore City
Dr. Leo J. Goldbach, Baltimore City
Dr. Frank W. Hachtel, Baltimore City
Dr. William J. Rysanek, Sr., Baltimore City
Dr. Alfred Ullman, Baltimore City
Dr. H. Fletcher Silver, Caroline County
Dr. Bernard O. Thomas, Frederick County
Dr. Homer E. Tabler, Washington County

The Council recommends to the House of Delegates the following members for Emeritus Membership:

Baltimore City

Dr. Amos F. Hutchins
Dr. Frits J. Kimzey
Dr. J. W. Pierson
Dr. David Silberman
Dr. Harry R. Slack
Dr. D. C. Wharton Smith
Dr. Henry J. Walton
Dr. Samuel Wolman

Charles County

Dr. George C. Bicknell
Dr. Harry R. Coburn

Talbot County

Dr. John F. Schneider

Washington County

Dr. Ira L. Houghton

Respectfully submitted,

WARFIELD M. FIROR, M.D., *Chairman*

DELEGATE TO THE AMERICAN MEDICAL ASSOCIATION

Mr. President and Members of the House of Delegates:

Your delegate attended the annual meeting of the House of Delegates of The American Medical Association from June 11

to 15, 1956 in Chicago and also the clinical meeting, November 27 to 30, 1956, in Seattle, Washington.

The full reports of the two meetings can be obtained in the Journal, for the June meeting in Vol. 162, in the September 29, October 6 and 13, 1956 issues. The complete abstract of the proceedings of the Seattle meeting are to be found in the Journal of December 15, 1956, and January 5, 12, 19 and 26, 1957.

Your delegate was on a Reference Committee at the Chicago meeting and did not attend any other Reference Committee sessions. The points of particular interest in the Chicago meeting were, in the first place at least, the report of the Committee of the House of Delegates on Hospital Accreditation. The Committee gave a long report with some 17 conclusions. Those of particular interest are:

"1. Accreditation of hospitals should be continued.

"2. The Joint Commission should maintain its present organizational representation.

"3. The Board of Trustees should report annually to the House of Delegates on the activities of the Joint Commission.

"4. Physicians should be on the administrative bodies of hospitals.

"5. General practice sessions in hospitals should be encouraged.

"6. Staff meetings required by the Joint Commission are acceptable, but attendance requirements should be set locally and not by the Commission.

"7. The Joint Commission should not concern itself with the number of hospital staffs to which a physician may belong.

"8. The Joint Commission is not and should not be punitive.

"9. The Joint Commission should publicize the method of appeal to hospitals that fail to receive accreditation."

In addition, the Committee recommended that the Board of Trustees urge that the Joint Commission on Accreditation of Hospitals study:

"1. The problems of the exclusion from hospitals and arbitrary limitation of the hospital privileges of the general practitioner, and

"2. Methods whereby the following stated principles may be achieved:

"The privileges of each member of the medical staff shall be determined on the basis of professional qualifications and demonstrated ability.

"Personnel of each service or department shall be qualified by training and demonstrated competence, and shall be granted privileges commensurate with their individual abilities."

In regard to the graduates of foreign medical schools, the House of Delegates, after study, came up with several clear cut plans, the essence of which is: "The proposed plan calls for establishment of a central administrative organization to evaluate the medical credentials of foreign trained physicians desiring to serve as interns or residents in American hospitals. Basic requirements would include satisfactory evidence of at least 18 years of total formal education, including a minimum of 32 months in medicine exclusive of any time which in this country would be considered as premedical study or internship. Applicants with satisfactory credentials then would take a screening examination to determine their medical knowledge and their facility with the English language. Successful appli-

cants then would be certified to hospitals and other interested organizations, with the approval of the foreign-trained physician concerned."

Private practice by medical faculty members came in for discussion. The House adopted a Council report which stated "that it shall be the policy of the American Medical Association that funds received from the private practice of medicine by salaried members of the clinical faculty of the medical school or hospital should not accrue to the general budget of the institution and that the initial disposition of fees for medical service from paying patients should be under the direct control of the doctor or doctors rendering the service."

The adopted report also said: "It is not in the public or professional interest for a third party to derive a profit from payment received for medical services, nor is it in the public or professional interest for a third party to intervene in the physician patient relationship."

Premature drug publicity was covered with the following resolution, i.e., "That the Board of Trustees of the American Medical Association appoint a liaison committee to meet with representatives of the pharmaceutical manufacturers to accomplish this objective."

Dr. Dwight Murray was inaugurated as President of the American Medical Association and Dr. David B. Allman of Atlantic City was elected President-elect.

The interim session in Seattle, Washington, was a busy one. Medical ethics came in for a great deal of discussion and no conclusions have as yet been reached, all actions on the new version being postponed until the June 1957 session. The request has been that the new version of The Ethics be published in the Journal so that interested physicians may have an opportunity to comment on same.

Veterans' medical care came under a great deal of discussion and "The House revised A.M.A. policy on veterans' medical care by endorsing in principle the following paragraph suggested by the Council on Medical Service:

"With respect to the provision of medical care and hospitalization benefits for veterans in Veterans Administration and other federal hospitals that new legislation be enacted limiting such care to veterans with peacetime or wartime service whose disabilities or disease are service-incurred or aggravated."

"In another action concerning veterans, the House passed two resolutions condemning as unlawful the practice of Veterans Administration hospitals which admit patients who are covered by workman's compensation insurance or by private health insurance and which render bills for the cost of their care. Both resolutions requested the A.M.A. to take action to bring about a discontinuance of such practices by VA hospitals, and one of them instructed the Association Secretary to obtain from each state testimony of records of each known case that violates VA Reg. 6047-D1."

The Progress Report of the Committee on Medical Practices was of particular interest to your delegate inasmuch as he is Chairman of that Committee. This is a continuing Committee of the House of Delegates with Council status. Attached is a reprint of this report. (The reprint of this report may be seen in the Faculty office.) There were a variety of miscellaneous actions, those of interest being: The House of Delegates

1. "Directed the Board of Trustees to continue its investigation of the practicability of developing a statement of

A.M.A. policies and to arrange for the periodic publication of revised versions of such a policy statement;

2. Commended the objectives of the American Association of Medical Assistants and its sincere desire to work closely with the medical profession in improving medical service and medical public relations;

Noted with pride the good work being done by the 74,348 members of the Woman's Auxiliary, as reported to the House by Mrs. Robert Flanders, President;

3. Directed the Councils on Pharmacy and Chemistry and on Foods and Nutrition to conduct a joint study of all presently available information concerning the fluoridation of public water supplies and to present a documented report of findings and recommendations at the December 1957 meeting;

4. Approved the principle of a voluntary reduction in the self-assigned quota of interns as printed in the 1956 handbook of the National Intern Matching Program, and

5. Instructed the Board of Trustees to accentuate cooperation between the American Medical Association and the American Bar Association to the end that a bill of the Jenkins-Keogh type be enacted at the next session of Congress."

Respectfully submitted,
WARDE B. ALLAN, M.D.

DELEGATE TO THE AMERICAN MEDICAL ASSOCIATION

Mr. President and Members of the House of Delegates:

As a new delegate to the American Medical Association Meeting, I wish to emphasize the fact previously stated by other delegates that a novice delegate is an ineffectual delegate until he "learns his way around." The business carried on at these well organized meetings is voluminous and the new delegate was more awe-struck and confused than productive.

I was gratified, being engaged in General Practice, that the voice of the General Practitioner was heard, considered, and respected in many of the deliberations on the floor of the House of Delegates. This has been an all too common criticism of the American Medical Association in the past. I was impressed by the fact that the organization is *representative* and *democratic*; but of course, any legislative body cannot come to conclusions that are completely satisfactory to all of its component members. The decisions of the House of Delegates are careful and on a high level and are worthy of the support of each member of our State Society.

Being present in the meeting with Dr. Warde B. Allan, an experienced and influential representative, was of inestimable value to the undersigned.

This delegate was only able to attend the annual meeting at Chicago, June 11, 1956 and was unable to attend the 10th Clinical Meeting November 27-30 in Seattle, Washington, because of illness.

Important business discussed at these meetings can be found in detail in the American Medical Association Journal. Only high points of common interest will be included in this report. Most interesting was the report of Committee to Review the Functions of the Joint Commission on Accreditation of Hospitals. The following are some of the important conclusions:

"1. Accreditation of hospitals should be continued.

"2. The Board of Trustees should report annually to the House of Delegates on the activities of the Joint Commission.

"3. Physicians should be on the administrative bodies of hospitals.

"4. General practice sections in hospital should be encouraged.

"5. Staff meetings required by the Joint Commission are acceptable, but attendance requirements should be set up locally and not by the Commission.

"6. The Joint Commission should not concern itself with the number of hospital staffs to which a physician may belong.

"7. The Joint Commission is not and should not be punitive.

"8. New surveyors should receive better indoctrination.

"9. Blue Cross and other associations should be requested not to suspend full benefits to non-accredited hospitals until those so requesting have been inspected.

"10. The problem of the exclusion from hospitals and arbitrary limitation of the hospital privileges of the general practitioner, and methods whereby the following stated principles may be achieved:

"The privileges of each member of the medical staff shall be determined on the basis of professional qualifications and demonstrated ability."

"Personnel of each service or department shall be qualified by training and demonstrated competence, and shall be granted privileges commensurate with their individual abilities."

Another major action by the House involved the problem of private practice by medical school faculty members, which has been under study by the Committee on Medical and Related Facilities of the Council of Medical Service. The House adopted a Council report which stated "that it shall be the policy of the American Medical Association that funds received from the private practice of medicine by salaried members of the clinical faculty of the medical school or hospital should not accrue to the general budget of the institution and that the initial disposition of fees for medical service from paying patients should be under the direct control of the doctor or doctors rendering the service. A long report relative to this matter was discussed and those interested in this subject should refer to the Journal of American Medical Association of September 27, 1956—page 502.

Also one of the most controversial subjects of debate on the floor of the House was a resolution expressing strong opposition to S.1323, a bill in Congress providing for one-time, matching grants to medical schools for construction purposes. The Association in recent years has been supporting such legislation in principle, with certain reservations concerning details of some provisions. The House reaffirmed that policy by approving a reference committee statement.

The matter of premature drug publicity was discussed. The House adopted a substitute resolution which read:

"Resolved, That the Board of Trustees of the American Medical Association appoint a *liaison committee* to meet with representatives of the pharmaceutical manufacturers to accomplish this objective.

The continuing committee to study all aspects of VA medical activities under the basic policy established in June 1953, and suggested reconsideration of the temporary exceptions made

at that time with respect to neuropsychiatric and tuberculosis disorders.

A rewriting and simplification of the principles of Medical Ethics was submitted at the June session and was referred back to the Council on Constitution and By-Laws at the subsequent meeting in Seattle.

RECOMMENDATIONS: None.

Respectfully submitted,
ROBERT V.L. CAMPBELL, M.D.

BOARD OF MEDICAL EXAMINERS

Mr. President and Members of the House of Delegates:

The Board of Medical Examiners of Maryland is composed of the following members whose terms expire on the dates indicated:

Henry T. Collenberg	—1957
Norman E. Sartorius, Jr.	—1957
Lewis P. Gundry	—1958
Wyle M. Faw, Jr.	—1958
John H. Hornbaker	—1959
Frank K. Morris	—1959
Walter C. Merkel	—1960
Samuel McLanahan	—1960

As the terms of Dr. Collenberg and Dr. Sartorius expire in June 1957, two members to serve until 1961 are to be elected at the meeting of the Medical and Chirurgical Faculty.

Examinations given during the year show the following results:

Applications for examinations	561
Second year students examined	138
Postponed or withdrawn	77
Reexamined to raise marks	4
Not eligible for license	219
Examined in second part of examination	184
Complete examination given	158
Eligible for license	342
Passed	290
Failed	52 342
Of the 52 who failed, 50 were graduates of foreign medical schools, 1 was a graduate of Howard University and 1 was a graduate of the University of Maryland.	
Licenses issued after examination	290
Licenses issued by endorsement of other States' licenses	99
Licenses issued by endorsement of National Board	
Certificates	99
Total licenses issued	488
License Revoked	0
Licentiates certified to other States	242
Borderline Permits issued	15
Copies of license issued	11
Foreign graduates approved for examination (approx.)	200
Foreign graduates examined	162
Foreign graduates failed	50
Written inquiries from foreign graduates (approx.)	600
Office interviews with foreign graduates (approx.)	350
Telephone inquiries from foreign graduates (estimate)	450

Examination Fee

During 1956 the Medical Practice Act was amended to increase the examination fee from \$20.00 to \$35.00. This became effective June 1, 1956.

Naturopaths

A suit filed by Kenneth Hitchcock, naturopath, in the United States District Court for the District of Maryland, during 1954, was heard March 28, 1956. The Court held that naturopaths must qualify as doctors of medicine in order to practice in Maryland. A charge of practicing medicine without a license which had been pending the outcome of the case in the Federal Court was heard May 9 and 10, in the Criminal Court of Baltimore City. Kenneth Hitchcock was fined \$100. and costs in each of four counts but entered a motion for a new trial.

O. J. Pollak, Pathologist

In July 1956 a complaint was received from the Maryland Society of Pathologists that Dr. O. J. Pollak, an unlicensed practitioner was serving as a pathologist in the Cambridge-Maryland Hospital. This was referred to the Attorney General who gave the opinion that this work constituted the practice of medicine and should be done only by a licensed physician. Dr. Pollak left the Cambridge Hospital October 1, 1956.

Activities

January 1, 1957 to March 20, 1957

Senate Bill #13

This Bill which is the new Medical Practice Act and which becomes effective June 1, 1957, was passed on by the Senate and the House of Delegates, and signed by the Governor on February 1, 1957. We recommend that all members of the Medical and Chirurgical Faculty read this Bill, which is attached hereto, and familiarize themselves with its contents. (This Bill may be seen in the Faculty office.)

Dr. Robert H. Reddick

The appeal taken by Dr. Reddick from the decision of Judge Joseph Byrnes was heard in the Appeals Court on February 12 and 13, 1957, but the decision of the Court has not yet been handed down. The Court recessed until April 2, 1957 after which the decision may be requested from the Clerk of the Court of Appeals or from the Office of the Attorney General.

Dr. Robert H. Reddick VS. Attorney General, et al.

The suit of Dr. Reddick against the Attorney General, the Board of Medical Examiners of Maryland and the Medical and Chirurgical Faculty is still pending. It is doubtful if this suit will amount to very much. Insofar as the Board is concerned it is based upon the assumption that one or more of the Board members "... passes upon the qualifications of graduates of any medical school ..." and is, therefore, not eligible to serve as a member of said Board. To the best of our knowledge this assumption is completely incorrect.

Annual Congress on Medical Education and Licensure

The Annual Congress on Medical Education and Licensure was attended by Dr. McLanahan, Dr. Morris and Dr. Gundry.

Dr. Morris attended the Examination Institute in Obstetrics and Gynecology on February 9th.

At the Secretaries' meeting on February 10th the question of interstate endorsement was discussed at length. Dr. Gundry read a report to the Secretaries concerning the activities of the "Rump" Homeopathic Board.

At the meeting many interesting developments were discussed concerning foreign graduates, type of examination and post-graduate medical education.

Foreign Graduates

The increased numbers of applications of foreign graduates continue to be our most difficult and perplexing problem. It is to be hoped that a national accrediting body will be available within the next year to at least relieve the burden imposed upon us at present.

Borderline Permit

The Borderline Permits are being discontinued as there is no need for them under the existing laws and regulations.

Respectfully submitted,

LEWIS P. GUNDRY, M.D., *Secretary*

MEDICAL PRACTICE ACT

State Board of Medical Examiners (as of June 4, 1957)—Wylie M. Faw, Jr., John H. Hornbaker, Walter C. Merkel, Vernon H. Norwood, Norman E. Sartorius, Jr., Lewis P. Gundry, *President*; Samuel McLanahan, *Vice-President*; Frank K. Morris, *Secretary*; 1215 Cathedral Street, Baltimore 1, Maryland.

Meetings of the Board of Medical Examiners of Maryland—The regular annual meeting is held the first Tuesday in June and other meetings are held about four times a year at such times as the discretion of the Board may determine. Special meetings are held from time to time to consider particular policies or problems.

Regular Examinations—Examinations are held in Baltimore, the third Tuesday in June for four consecutive days and the second Tuesday in December for four consecutive days.

Reciprocity or Endorsement Information—The license of the Board of Medical Examiners of Maryland is recognized for license without examination in the following States: Alabama, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, West Virginia and Wisconsin.

Many States, however, have special requirements which must be met by each applicant for license by reciprocity or endorsement.

Certain other States require a year of residence in the State granting the original license after the license is issued.

Another State requires a rotating internship before license, or two years of practice after license.

West Virginia requires a baccalaureate degree.

States having Basic Science Laws may require an examination in Basic Sciences. Applicants should write the State in which they are interested, to learn of these particular requirements.

Diplomates of the National Board of Medical Examiners are also admitted to license without examination.

Information connected with Medical Examinations and licensure may be obtained by addressing the Secretary, 1215 Cathedral Street, Baltimore 1, Maryland.

LIBRARY COMMITTEE AND FINNEY FUND COMMITTEE

Mr. President and Members of the House of Delegates:

1956 was perhaps, an even more difficult year than the previous one, certainly we had our share of changes in personnel. Mrs. Berge had some help, although never a full staff, in consequence of which the work suffered. Her resignation, effective the last of May, was accepted with regret and we realize that due to circumstances beyond our control, we were unable to make her tenure of office less arduous or the remuneration commensurate with her duties.

On June first, Miss Louise D. C. King assumed her duties as Librarian and was alone until June 16th, when we were fortunate to have Miss Woods back with us. During the rest of the year Miss Woods and Miss King carried on as best they could with the help of a highschool boy two hours each day, Monday through Friday.

The duplicate journals in the basement have been packed and shipped to Walter J. Johnson who will quote us a price on completely cataloging them. Mr. Jolowicz their agent, who was here during some of the packing of the four hundred and seventy-five cartons, seemed to feel the price will exceed that already quoted us, but if we are not satisfied the agreement is that he will return them to us. Those journals not wanted by Johnson will have to be gone over and either kept for duplicates, listed for the Medical Library Association Exchange or sold as waste paper. One half of the basement stacks toward Preston Street are jammed with duplicate textbooks, some of which are of value and should be kept, others should be disposed of but all will have to be listed. Our primary copies of journals prior to 1900 as far as the letter H is now housed in the basement toward Biddle Street. It was shelved backwards and unless better care can be taken of these stacks, much material is shelved there which deserves more careful storage. Once the unwanted duplicates are eliminated, we should have space for several years growth. The dirt and trash in both basements is appalling, and quite a task to tackle in itself. We have started a duplicate file of unbound periodicals for circulation. These will be listed on cards and added to as we acquire them. We also have over a ton of discards to be sold as waste paper when the market for this commodity improves.

It is not in a spirit of criticism but rather as an explanation

for the apparent slowness of future work that we mention that the records of the library for the last few years are untrustworthy. The cards on which the record of our journal holdings are kept are so untidy and inaccurate that we cannot rely on them in many cases. The new cataloging has not been synchronized with the old, so one must search in several places to be sure the book is not in our collection. The books which have been recatalogued and reclassified, were not done class by class, but various ones picked out here and there. The resultant confusion of having our books in two places slows up the service to our readers in all phases; it also has a tendency to make the recataloging less uniform.

The task to put our house in order is Herculean as the daily routine work must not suffer and our services and clientele should increase. There is no task worth doing that is not difficult and at least we shall have made the attempt.

Miss King tells me that she has had splendid cooperation, over and above the normal line of duty, from her staff and that each one shares her love and enthusiasm for the work, the Library, the Faculty and the readers.

The statistical report for 1956 is as follows:

STATISTICAL REPORT OF THE LIBRARY COMMITTEE FOR 1956

Name	Gifts				
	Reprints & misc.	Reports & pamph.	Bound Jours.	Unbound issues	Books
Alessi, Edward J.....			83	90	48
American Association of Genito Urin. Surg.....					1
American Cancer Society.....		1			2
American Cancer Society, Md. Div.....		2			1
American Clinical & Climatol. Ass'n.....					1
American College of Physicians..					2
American College of Surgeons...					1
American Comm. on Maternal Welfare.....					1
American Medical Ass'n.....					1
American Neurological Ass'n....					1
American Psychiatric Ass'n.....		1			
American Surgical Ass'n.....					1
American Therapeutic Society...					1
American Urological Ass'n.....					1
Ass'n. of American Physicians...					1
Austrian, C. R.....				19	
Baltimore Dept. of Health.....		1			
Brady, Leo.....				37	
Brantigan, O. C.....				64	
Burgess Publishing Co.....				1	
Centro de Investigaciones Clinica.....				3	
Dandy, Mrs. Walter.....				87	
Davol Rubber Co.....		1			

STATISTICAL REPORT OF THE LIBRARY COMMITTEE
FOR 1956—Continued

Name	Gifts				
	Reprints & misc.	Reports & pamph.	Bound Jours.	Unbound Jours.	Books
Bartmeier, L. H.					1
Bell, W. J. Jr.	4				
Belton Institute					1
Bowe, D. P.				2	
Church Home		1			
Classified Business Dir.					1
Clough, P. W.				26	5
Coggins, J. C.				140	
Consultant's Bureau				2	
Dickinson, F. G.	12				
Dodson, C. M.					2
Dunton, W. R.				220	
Eastman, N. J.					1
Enoch Pratt Free Library					1
Feldman, Maurice		2		182	
Finney, George					1
Friedenwald, Edgar	1			5	
Garlick, W. L.				10	
Goldstein, A. E.				177	
Hamburger, L. P.			217		223
Hersperger, W. G.				91	
Hogan, J. F.					40
Hundley, J. M.				111	
Hynson, Westcott & Dunning				26	
Imperial Cancer Research Fund		1			
Indiana University				7	
Internat. Polio. Congress					1
Johns Hopkins Hospital		1			
Johns Hopkins University		8			
Kemler, J. I.				274	
Koontz, A. R.				264	
Krause, L. A. M.				200	1
Lewison, E. F.				320	
La. State Dept. of Health		1			
Louisville Medical Library		1			
M. & R. Laboratories		18			
Mansdorfer, G. B.				47	
McKusick, V. A.					1
Md. General Hospital				264	
Mass. Memorial Hospital		1			
Maxson, C. W.				216	
Medical Library Ass'n Exchange			1	117	
Medical Research Council, Gt. Brit.					1
Merck & Co.					1
Milbank Memorial Fund					1
Miles-Ames Research Laboratory					1
Miller, Mrs. H. G.					4
Miller, Mitchell				62	

STATISTICAL REPORT OF THE LIBRARY COMMITTEE
FOR 1956—Continued

Name	Gifts				
	Reprints & misc.	Reports & pamph.	Bound Jours.	Unbound Jours.	Books
Moore, J. E.				427	
National Ass'n for Mental Health					1
National Foundation for Infantile Paralysis			2	5	
National Nephrosis Foundation					1
N. J. Obstetrical & Gynecological Society					1
N. Y. Pathological Society					1
N. Y. University Bellevue Medical Center			1		
Niblett, Mrs. Walter					132
Osteuropa Institute, Berlin		1			
Pfizer, Charles & Co.		5		1	
Philadelphia General Hospital					1
Pines, S. R.				27	
Rhode Island Medical Society Library				20	
Rockefeller Institute for Medical Research					1
Rothholz, Anna				25	
Royal College of Physicians					1
Shane, S. M.					3
Societa Italiana di Ortopedia					1
Southern Surgical Ass'n.					1
Spear, I. J.	3			22	85
Squibb, E. R. & Sons					1
Stone, H. B.					2
Traffic Accident Foundation					1
Trimble, I. R.			35	402	40
University of Alabama				2	
University of Oregon				2	
Univ. of Pa. Henry Phipps Institute		1			
Vanderbilt School of Medicine				1	2
V.A. Hospital, Bedford Mass.				4	
V.A. Hospital, Ft. Howard				58	
Ward, G. E.				148	
Washington University					1
Wells, G. J.				124	
Wharton, Lawrence				79	
Williams, T. G.				246	
Williams & Wilkins				626	18
Wollenweber, H. L.				1,286	
Womens' Hospital		1		1	
World Health Organization				47	
Yeager, G. H.				2	
Young, B. M.				28	
Totals	20	48	339	6,645	644

STATISTICAL REPORT OF THE LIBRARY COMMITTEE
FOR 1956—*Concluded*

Circulation	
Circulated books (Renewals <i>not</i> counted)	3,518
Library Holdings	
Total vols. 1955	79,185
Added in 1956	858
Total vols.	80,043
Binding	
Journals	424
Total cost	\$1,489.65
Average cost per vol.	3.50
County Members	
Requests filled	150
Gifts	
Unbound journals	6,645
Bound journals	339
Books	644
Repts. & Pamphs.	48
Reprints	20
Total	7,696
Petty Cash	
Bal. brght. frwd.	38.38
Receipts	275.63
Expenditures	314.01
Bal. Dec. 31, 1956	\$43.18

In explanation Miss King, the Librarian, reported that because of the somewhat chaotic conditions and the taking over of somebody else's work in mid-year, these figures may not be so accurate as they should be. The attendance is a count of those who register; it is not always possible even to have this accurate.

Respectfully submitted,

Library Committee

Louis Krause, M.D., *Chairman*, (1960)
J. Roy Guyther, M.D. (1957)
E. T. Lisansky, M.D. (1958)
Lester A. Wall, Jr., M.D. (1959)
A. Austin Pearre, M.D. (1961)
K. V. Randolph, D.D.S.

Finney Fund Committee

I. Ridgeway Trimble, M.D., *Senior Member* (1957)
Herbert E. Wilgis, M.D. (1958)
Henry J. L. Marriott, M.D. (1959)
George G. Finney, M.D. (1960)
John W. Chambers, M.D. (1961)

COMMITTEE ON SCIENTIFIC WORK
AND ARRANGEMENTS

Mr. President and Members of the House of Delegates:

This Committee arranged the programs for the Annual and Semiannual Meetings for 1956. There was a record breaking attendance for the Annual Meeting as 968 registered. The attendance at the Semiannual Meeting, which was held in Ocean City, was 381 and was one of the largest we have had. (See program below.)

For the 1957 Annual Meeting we have a greater number than usual of prominent out-of-State speakers. (See program on p. 559.) The Semiannual Meeting will be held in Ocean City on September 20, 1957.

The Planning Committee forwarded its proposed recommendation that the scientific sessions be curtailed to two days for Annual Meeting. However, the Committee has indicated to the Secretary, Dr. Diggs, that it does not think such an arrangement is advisable as the exhibitors prefer a three-day or longer meeting. As every delegate knows, the funds received from exhibits pay approximately two-thirds of the expenses of the Annual Meeting.

RECOMMENDATION

The Committee on Scientific Work and Arrangements, therefore, recommends that the Annual Meeting be continued on the present three-day basis.

Respectfully submitted,
EDMOND J. McDONNELL, M.D., *Chairman*
NORMAN R. FREEMAN, JR., M.D.
NATHAN E. NEEDLE, M.D.
WILLIAM E. GROSE, M.D.
EVERETT S. DIGGS, M.D.

PROGRAM OF THE SEMIANNUAL MEETING

MEDICAL AND CHIRURGICAL FACULTY

Friday, September 21, 1956

Headquarters

Commander Hotel, The Boardwalk and 14th Street, Ocean City, Worcester County, Maryland

Registration—9:00 a.m.

LOBBY

All the members and their guests are urged to register so that an accurate record may be kept of the attendance. Those who arrive on Thursday, September 20th may register that evening from 7:30 p.m. to 9:30 p.m.

Business Sessions

BEACH LOUNGE, GROUND FLOOR

Council Meeting—Thursday, September 20th, 8:00 p.m.

House of Delegates—Friday, September 21st, 9:30 a.m.

Clam Bake Luncheon—1:00 p.m.

ON THE BEACH IN FRONT OF COMMANDER HOTEL

See enclosed card for RESERVATIONS.

General Meeting—2:30 p.m.

BEACH LOUNGE, GROUND FLOOR

1. Address of Welcome. FREDERICK S. WAESCHE, M.D., President, Worcester County Medical Society.

2. Response. WILLIAM H. F. WARTHEN, M.D., President, Medical and Chirurgical Faculty of the State of Maryland.

Scientific Session

3. Standish McCleary Memorial Fund Lecture. Medical Management of Vascular Diseases. (Illustrated.) WILLIAM T. FOLEY, M.D., Chief of Vascular Clinic, The New York Hospital; Assistant Professor of Medicine, Cornell University Medical College, New York, New York.

Dance—9:30 p.m. to 1:00 a.m.

DINING ROOM, MAIN FLOOR

(Dress Optional) Hors d'oeuvres will be served. Hosts—The Medical and Chirurgical Faculty and the Worcester County Medical Society. See enclosed card for RESERVATIONS.

*Woman's Auxiliary to the Medical and Chirurgical Faculty*MRS. HOMER U. TODD, *President*

SOCIAL ROOM, MAIN FLOOR

9:30 a.m. Executive Board Meeting

10:30 a.m. Coffee and buns.

The ladies attending the Semiannual Meeting are invited to have a "coffee break" with the Executive Board of the Auxiliary. Our Constitution and By-Laws do not provide for a regular Semiannual meeting. It was the thought of the Officers of your Auxiliary that this would give us an opportunity to be together for an informal discussion of Auxiliary matters.

PROGRAM OF THE ONE HUNDRED FIFTY-NINTH ANNUAL MEETING

Medical and Chirurgical Faculty of the State of Maryland

Wednesday, May 1, Thursday, May 2, and Friday, May 3, 1957

Baltimore

ANNUAL MEETING PROGRAM

Wednesday, May 1, 1957

12:30 p.m. Woman's Auxiliary Luncheon. Sheraton Belvedere Hotel. It is suggested that the members of the Medical and Chirurgical Faculty attend this luncheon as the Auxiliary cooperates with the Faculty, American Medical Education Foundation, etc.

SCIENTIFIC MEETINGS

Wednesday, May 1, 1957

Afternoon Session, Osler Hall

(Entrance and Exit—Maryland Avenue)

A. C. DICK, M.D., *Vice-President*, Presiding

3:00 p.m. Rheumatic Fever and Rheumatic Heart Disease. (Illustrated.) WILLIAM D. STROUD, M.D., Professor of Cardiology, University of Pennsylvania Graduate School of Medicine, Philadelphia, Pennsylvania.

3:45 p.m. Myocardial Infarction versus Gall Bladder Disease. (Illustrated.)

Panel Discussion

E. COWLES ANDRUS, M.D., Associate Professor of Medicine, The Johns Hopkins University School of Medicine; Physician-in-Charge, Adult Cardiac Clinic, The Johns Hopkins Hospital.

GEORGE G. FINNEY, M.D., Associate Professor of Surgery, The Johns Hopkins University School of Medicine.

LOUIS KRAUSE, M.D., Professor of Clinical Medicine, University of Maryland School of Medicine.

4:30 p.m. Adjournment.

Wednesday Evening, May 1, 1957

Osler Hall

8:00 P.M.

RUSSELL S. FISHER, M.D., Presiding

The Medical and Legal Problems of Traffic Accident Prevention

Panel Discussion*

Moderator: HONORABLE JOSEPH R. BYRNES, Judge, Supreme Bench of Baltimore City

Participants

The Medical and Surgical Aspects. HOWARD F. KINNAMON, M.D., F.A.C.S., Easton, Member Medical Advisory Board, Department of Motor Vehicles of Maryland.

Psychological Aspects. MANFRED S. GUTTMACHER, M.D., Medical Officer, Supreme Bench, Baltimore City.

Legal Aspects and Preventive Measures. L. W. FARINHOLT, JR., ESQ., Professor of Law, University of Maryland Law School

Thursday, May 2, 1957

Morning Session, Osler Hall

(Entrance and Exit—Maryland Avenue)

JAMES T. MARSH, M.D., *Vice-President*, Presiding

9:30 a.m. Parotid Gland Tumors. (Illustrated.) ROBERT W. BUXTON, M.D., Professor of Surgery, University of Maryland School of Medicine.

10:00 a.m. The Influence of Patients on Their Physicians. LEO H. BARTEMEIER, M.D., Medical Director, The Seton Psychiatric Institute, Baltimore.

10:30 a.m. Chemotherapy of Leukemia. (Illustrated.) ROSE RUTH ELLISON, M.D., Clinical Assistant in Medicine, Memorial Hospital, and Research Associate in Medicine, Cornell University Medical College, New York City.

11:00 a.m. ELECTION OF THE BOARD OF MEDICAL EXAMINERS. (Osler Hall.)

11:15 a.m. Necrology. A. S. CHALFANT, M.D., Chairman, Memoir Committee. (See page 580.)

11:30 a.m. I. Ridgeway Trimble Fund Lecture. R. H. O. B. ROBINSON, F.R.C.S., President, British Association of Urological Surgeons, London, England.

12:00 noon Adjournment.

Thursday, May 2, 1957

ROUND TABLE LUNCHEON

The Charles Room, Sheraton Belvedere Hotel, Charles and Chase Streets

12:30 P.M.

- | | |
|---|----------------------------|
| 1. Thyroid Problems..... | SAMUEL P. ASPER, JR., M.D. |
| 2. Thorazine and Allied Drugs..... | IRVING J. TAYLOR, M.D. |
| 3. Cardiac Surgery..... | HENRY T. BAHNSON, M.D. |
| 4. Diabetes..... | T. NELSON CAREY, M.D. |
| 5. Adrenal Steroids..... | THOMAS CONNOR, M.D. |
| 6. Colon Resection for Non-Neoplastic Lesions..... | MONTE EDWARDS, M.D. |
| 7. Psychiatric Consultation..... | JACOB E. FINESINGER, M.D. |
| 8. Resistance and Sensitivities to Antibiotics..... | A. MURRAY FISHER, M.D. |
| 9. Retropubic Prostatectomy..... | JOHN S. HAINES, M.D. |

* Arranged by the Joint Committee on Medicolegal Problems, of which Mr. John S. Stanley is the Chairman for the Maryland and Baltimore City Bar Associations, and Dr. Russell S. Fisher is the Chairman for the Medical and Chirurgical Faculty.

10. Steroid Substitution Therapy at the Climacteric.....ARTHUR L. HASKINS, M.D.
11. Relationship of Tranquilizing Drugs to Anesthesiology.....MARTIN HELRICH, M.D.
12. Office Gynecology.....W. ROYCE HODGES, M.D.
13. Cardiac Arrhythmias.....JOHN T. KING, M.D.
14. Butazolidin.....HARRY F. KLINEFELTER, JR., M.D.
15. Fenestration.....WALTER E. LOCH, M.D.
16. Some Problems in Glaucoma.....A. EDWARD MAUMENEE, M.D.
17. Abdominal Emergencies.....SAMUEL McLANAHAN, M.D.
18. Collagen Disorders.....MAURICE C. PINCOFFS, M.D.
19. Vascular Diseases of the Extremities.....RICHARD T. SHACKELFORD, M.D.
20. Cortisone and Prednisone.....LAURENCE E. SHULMAN, M.D.
21. Do's and Don'ts in Hypertension.....CAROLINE BEDELL THOMAS, M.D.
22. Closed versus Open Treatment of Fractures.....HENRY F. ULLRICH, M.D.
23. Arthritis and Rheumatic Diseases.....CHARLES W. WAINWRIGHT, M.D.
24. Hypnosis.....JACOB H. CONN, M.D.

Thursday, May 2, 1957

Afternoon Session, Osler Hall

(Entrance and Exit—Maryland Avenue)

RICHARD W. TELINDE, M.D., *Vice-President*, Presiding

- 2:30 p.m. Nutrition and Atherosclerosis. (Illustrated.) FREDERICK J. STARE, M.D., Professor of Nutrition, Harvard School of Public Health, Boston, Massachusetts.
- 3:00 p.m. Choice of Treatments for Peripheral Vascular Disease. (Illustrated.) KEITH S. GRIMSON, M.D., Professor of Surgery, Duke University School of Medicine, Durham, North Carolina.
- 3:30 p.m. Modern Treatment of Acute Subarachnoid Hemorrhage. (Illustrated.) BARNES WOODHALL, M.D., Professor of Neurosurgery, Duke University School of Medicine and Hospital, Durham, North Carolina.
- 4:00 p.m. Staphylococcal Infections. (Illustrated.) IVAN L. BENNETT, JR., M.D., Associate Professor of Medicine, The Johns Hopkins University School of Medicine.
- 4:30 p.m. Adjournment.

Thursday Evening, May 2, 1957

Sheraton Belvedere Hotel, Charles and Chase Streets

- 6:00 p.m. *Cocktails*. Jubilee Room. Those attending the Presidential Dinner will be the guests of the Baltimore City Medical Society for cocktails.
- 7:00 p.m. * *Presidential Dinner*. Charles Room. Members are urged to bring their wives and guests to the dinner, and a cordial invitation is extended to all to attend the evening meeting immediately following.

General Meeting

Charles Room, Sheraton Belvedere Hotel

8:15 P.M.

C. REID EDWARDS, M.D., *President*, Presiding

EVERYONE is invited to attend this meeting

1. Invocation. THE REV. DR. KENNETH RAY ROSE, Minister of Lovely Lane Methodist Church, Baltimore, Maryland.
2. Introduction of MRS. HOMER ULRIC TODD, Sr., President, Woman's Auxiliary to the Medical and Chirurgical Faculty.
3. Presentation of Portrait of Dr. J. Albert Chatard. WALTER D. WISE, M.D.
4. Presentation of Portrait of Dr. Emil Novak. W. ROYCE HODGES, M.D.
5. PRESIDENTIAL MESSAGE. C. REID EDWARDS, M.D.
6. HARVEY GRANT BECK MEMORIAL LECTURE. Socio-Economic Issues Confronting Medicine. DWIGHT H. MURRAY, M.D., President, American Medical Association.

* Dinner, \$5.50 per person. Reservations, accompanied by check, must be made prior to Friday, April 26, 1957. Dress optional.

Friday, May 3, 1957

There will be no scientific session on Friday morning. Members are invited to attend the House of Delegates Meeting in Osler Hall at 9:00 a.m.

Afternoon Session, Osler Hall

(Entrance and Exit—Maryland Avenue)

WETHERBEE FORT, M.D., *Treasurer*, Presiding

- 2:00 p.m. Coronary Atherosclerosis. (Illustrated.) SAMUEL PROGER, M.D., Physician-in-Chief, New England Center Hospital and Professor of Medicine, Tufts University School of Medicine, Boston, Massachusetts.
- 2:30 p.m. Indications and Use of the Artificial Kidney. (Illustrated.) GEORGE E. SCHREINER, M.D., Assistant Professor of Medicine, Georgetown University, and Director, Renal Clinic, Georgetown University Hospital, Washington, D. C.
- 3:00 p.m. The Case of the Doubting Doctor. This is an instructive, enlightening documentary color film regarding the importance of membership in the American Medical Association.
- 3:30 p.m. *Clinical Pathological Conference* by The Johns Hopkins University School of Medicine and the University of Maryland School of Medicine. (Illustrated.)
- WARDE B. ALLAN, M.D.C.M., F.A.C.P., Associate Professor of Medicine, The Johns Hopkins University School of Medicine, and Physician in Charge of Chest Clinic, The Johns Hopkins Hospital.
- ROBERT B. WRIGHT, M.D., Associate Professor of Pathology, University of Maryland School of Medicine.
- 4:30 p.m. Adjournment

EXHIBITORS

Exhibits will be open during Scientific Sessions

Prominent firms, dealing in books and supplies required by physicians, as listed below, will exhibit during the Annual Meeting of the Medical and Chirurgical Faculty.

Our thanks are extended to Hynson, Westcott & Dunning, Inc., who have kindly contributed to our Annual Meeting, although it was not convenient for them to exhibit.

We wish to express our appreciation to The Seven-Up Bottling Company of Baltimore and the Coca-Cola Bottling Company of Baltimore for the serving of free Seven-Up and Coca-Cola to those attending the Meeting.

Booth Number

- 27—Abbott Laboratories
37-A—A. S. Aloe Company
11—Ayerst Laboratories
23—The Baker Laboratories, Inc.
32-A—Brayten Pharmaceutical Company
31-A—A. J. Buck & Son
10—Ciba Pharmaceutical Products, Inc.
29—Herbert Cox, Correct Shoes
14—Desitin Chemical Company
18—The Dietene Company
24—Doho Chemical Corporation
16—C. B. Fleet Company, Inc.
19—E. Fougere & Company, Inc.
22—Geigy Pharmaceuticals
30—Graymar Company
6-B—Hoffman Surgical Supply Co., Inc.
36-A—Industrial Electronics—DeJur Stenorette
28—Kloman Instrument Co., Inc.
17—Lederle Laboratories Division, American Cyanamid Co.
1—The Liebel-Flarsheim Company

Booth Number

- 33—Eli Lilly and Company
20—J. B. Lippincott Company
9—Mead Johnson & Company
26-B—Medcolator Company, Allan G. Day, Jr.
26-A—Milex of New York
21—Murray-Baumgartner Surgical Instrument Co., Inc.
2—Pfizer Laboratories
34 & 35—Picker X-Ray Corporation
6-A—Wm. P. Poythress & Co., Inc.
7—A. H. Robins Company, Inc.
12—J. B. Roerig and Company
8—William H. Rorer, Inc.
13—W. B. Saunders Company
4—Schering Corporation
15—G. D. Searle and Company
25—Similac, Ross Laboratories
5—Smith, Kline and French Laboratories
32-B—Raymond K. Tongue Company, Inc.
31-B—Walker Laboratories, Inc.
3—The Williams & Wilkins Company

SUBCOMMITTEE ON EXHIBITS

NATHAN E. NEEDLE, M.D., *Chairman*, Baltimore
NORMAN R. FREEMAN, JR., M.D., Baltimore

MICHAEL I. O'CONNOR, Baltimore
JOHN A. STREVIG, Phar.D., Baltimore

* * * * *

Representative of Railway Express Agency, Mr. E. R. Redding, will be available for information during the meeting.

WOMAN'S AUXILIARY TO THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND
EIGHTH ANNUAL CONVENTION PROGRAM

May 1 and 2, 1957

Headquarters

Sheraton Belvedere Hotel, Charles and Chase Streets, Baltimore

Wednesday, May 1, 1957

Assembly Room, Twelfth Floor

MRS. HOMER ULRIC TODD, SR., *President*, Presiding

9:00 a.m. Registration

9:30 a.m. *General Session.

Collect and Pledge of Loyalty. MRS. DAVID S. CLAYMAN, *President-Elect*.

Greetings from the Medical and Chirurgical Faculty. WILLIAM S. STONE, M.D., Dean of Medicine, and Director of Medical Education and Research, University of Maryland.

Response to Greetings. MRS. CONRAD ACTON.

Introduction of Honored Guests.

Presentation of Convention Chairman. MRS. RAYMOND V. RANGLE.

Presentation of Timekeeper. MRS. W. KENNETH MANSFIELD.

Reports of Officers.

Recording Secretary. MRS. NORMAN D. COMEAU.

Corresponding Secretary. MRS. ROSS Z. PIERPONT.

Treasurer's Report. MRS. HARRY C. BOWIE.

President's Report. MRS. HOMER ULRIC TODD, SR.

Accident Prevention in Everyday Life. (Illustrated.) RUSSELL S. FISHER, M.D., Chief Medical Examiner of the State of Maryland.

Reports of Committees by the Chairmen.

Nurse Recruitment. MRS. JOHN E. MILLER.

Civil Defense. MRS. LESTER T. CHANCE.

Editor of News Letter. MRS. ALBERT E. GOLDSTEIN.

Nominating Committee. MRS. CHARLES H. WILLIAMS.

Election of Officers.

Installation of Officers. MRS. PAUL C. CRAIG, *President-Elect of the Woman's Auxiliary to the American Medical Association*.

Presentation of the Gavel.

Acceptance Speech of Newly Elected President. MRS. DAVID S. CLAYMAN.

Message from National Auxiliary. MRS. PAUL C. CRAIG, *President-Elect of the Woman's Auxiliary to the American Medical Association*.

Necrology. MRS. GERALD W. LEVAN.

12:00 noon Adjournment.

LUNCHEON—12:30 P.M.

Ballroom, Twelfth Floor, Sheraton Belvedere Hotel

Reservations for tickets (\$3.25 each) must be in the hands of the Chairman, Mrs. Robert A. Reiter, 701 Dryden Drive, Baltimore 29, by April 24, 1957 in order to insure receipt of tickets in time for luncheon.

MRS. HOMER ULRIC TODD, SR., *President*, Presiding

12:30 p.m. Invocation. THE REVEREND DOCTOR DONALD CRAIG KERR, Roland Park Presbyterian Church.

After Luncheon Message from THE HONORABLE THEODORE R. MCKELDIN, Governor of the State of Maryland.

Address. MRS. PAUL C. CRAIG, *President-Elect of the Woman's Auxiliary to the American Medical Association*.

Presentation of President's Pin. MRS. HOMER ULRIC TODD, SR.

Presentation of Past President's Pin. MRS. CHARLES H. WILLIAMS.

Message. MRS. DAVID S. CLAYMAN.

Adjournment.

* All wives of physicians, whether or not members of the Woman's Auxiliary, are cordially invited to the general sessions and social functions.

Thursday, May 2, 1957

Parlor F, Second Floor, Sheraton Belvedere Hotel

9:00 a.m. Past-Presidents' Breakfast.

9:30 a.m. Post-Convention Executive Board Meeting. MRS. DAVID S. CLAYMAN, Presiding.

TRIP TO ANNAPOLIS AND TEA AT GOVERNOR'S MANSION

The Woman's Auxiliary to the Baltimore City Medical Society are the hostesses. Auxiliary members and guests will meet at 12:15 p.m., in Parlor F of the Sheraton Belvedere Hotel. Buses will leave shortly thereafter.

MRS. THEODORE R. MCKELDIN will be our hostess for Tea at the Governor's Mansion at 3:00 p.m. Reservations must be made to MRS. ROBERT C. KIMBERLY, 1114 St. Paul Street, Baltimore 2, by April 24, 1957.

COMMITTEES: *Convention Arrangements*, MRS. RAYMOND V. RANGLE, *Chairman*; *Reservations*, MRS. ROBERT A. REITER; *Registration*, MRS. NEWLAND E. DAY; *Press and Publicity*, MRS. E. ELLSWORTH COOK, JR.; *Hospitality*, MRS. A. AUSTIN PEARRE; *Flowers and Favors*, MRS. THOMAS E. WHEELER.

COMMITTEE TO COOPERATE WITH
AMERICAN MEDICAL EDUCATION
FOUNDATION

Mr. President and Members of the House of Delegates:

This Committee has not met during 1957. The program established at its previous meeting has been continued. The American Medical Foundation has increased its activities during the past year and has conducted its campaign independently from that of the National Fund for Medical Education. The distinction between the two campaigns is in the areas where support is sought. The AMEF centers its campaign on medical graduates and the National Fund for Medical Education seeks funds from industry. Both organizations were able to obtain substantially increased contributions to medical education during 1956. This was due to increased giving by individuals and greater numbers of contribution. In addition, the A.M.A. provided matching money for the AMEF and the Ford Foundation matched funds contributed to the National Fund for Medical Education. The total contributed to all medical schools during 1956 was

NFME	\$3,066,450.00
AMEF	\$1,072,365.71

The contributions of medical graduates to AMEF are particularly significant in that industry has used them as an indication of medical educational needs. In addition, the total contributions received have been distributed without subtracting any overhead due to the generosity of the AMA in assuming all overhead costs. With the tendency of industry and the AMA to provide matching money, it is very important that medical graduates show their interest in medical education. The contributions received are helping in a very material way to solve some of the financial problems of medical schools and to provide ways and means for progress.

Medical Education Week this year will be recognized nationally from April 21st to 27th. It is planned to distribute individual letters and supporting data for contributions to AMEF on or about May 1st.

During 1956 only about ten per cent of the M.D.'s in Maryland contributed directly to AMEF. In addition, a small number of Maryland physicians contributed to AMEF through the Woman's Auxiliary of the Faculty. There are approximately 3400 physicians in Maryland and over 2500 of them are in active practice. It is hoped that many individuals who

did not participate last year will find it possible to do so during 1957. To conserve the health of the people it is necessary to have healthy medical schools. Contributions of physicians are important factors in maintaining and developing medical education.

CONTRIBUTIONS 1956

	Univ. of Md. School of Med.	Johns Hopkins School of Med.
National Fund for Medical Education.....	\$39,050.00	\$34,045.00
American Medical Education Foundation.....	11,557.75	12,548.80
	\$50,607.75	\$46,593.80

Respectfully submitted,
WILLIAM S. STONE, M.D., *Chairman*
JOHN T. B. AMBLER, M.D.
OSBORNE D. CHRISTENSEN, M.D.
WYLIE M. FAW, JR., M.D.
WILLIAM B. HAGAN, M.D.
JOHN H. HORNBAKER, M.D.
JAMES R. MARTIN, M.D.
A. AUSTIN PEARRE, M.D.
CHARLES H. WILLIAMS, M.D.
ARTHUR WOODWARD, M.D.

COMMITTEE TO STUDY THE PROBLEM OF
ACCREDITATION OF HOSPITALS AND
RESIDENCY TRAINING PROGRAMS

(Appointed by the President of the Faculty as authorized by the House of Delegates, April 1955.)

Mr. President and Members of the House of Delegates:

This Committee will not have a report for this meeting of the House of Delegates but expects to report in September, 1957.

Respectfully submitted,
HERBERT E. WILGIS, M.D., *Chairman*
ROBERT L. BAKER, M.D.
OTTO C. BRANTIGAN, M.D.
LEWIS P. GUNDRY, M.D.
HOWARD W. JONES, M.D.
LOUIS KRAUSE, M.D.
WALDO B. MOYERS, M.D.
WILLIAM S. MURPHY, M.D.
STEDMAN W. SMITH, M.D.

COMMITTEE FOR BETTER DISTRIBUTION OF DOCTORS THROUGHOUT THE STATE

(Appointed by the President of the Faculty as authorized by the House of Delegates, September 1952.)

Mr. President and Members of the House of Delegates:

This Committee held no meeting during this year pending the final decision of the Planning Committee as to whether the Committee is to carry out the recommendations submitted to the House of Delegates in May 1956, or whether our Committee is to be discontinued.

Respectfully submitted,
EDWIN B. JARRETT, M.D., *Chairman*
CONRAD ACTON, M.D., *Secretary*
A. N. BARR, M.D.
J. W. BIRD, M.D.
LESLIE E. DAUGHERTY, M.D.
H. VINCENT DAVIS, M.D.
A. C. DICK, M.D.
W. H. FISHER, M.D.
DAVID J. GILMORE, M.D.
J. ROY GUYTHER, M.D.
J. PARRAN JARBOE, M.D.
PAGE C. JETT, M.D.
E. PAUL KNOTTS, M.D.
G. A. KOHLER, M.D.

WALDO B. MOYERS, M.D.
CHARLES A. NEFF, M.D.
WILLIAM D. NOBLE, M.D.
M. C. PORTERFIELD, M.D.
J. OLIVER PURVIS, M.D.
NORMAN E. SARTORIUS, JR., M.D.
LOUIS R. SCHOOLMAN, M.D.
FRANK E. SHIPLEY, M.D.
MARTIN E. STROBEL, M.D.
NEIL TAYLOR, M.D.
ELDRIDGE H. WOLFF, M.D.

BLOOD BANK ADVISORY COMMITTEE

Mr. President and Members of the House of Delegates:

No report for 1957.

Respectfully submitted,
MILTON S. SACKS, *Chairman*, M.D.
C. LOCKARD CONLEY, M.D.
JULIUS R. KREVANS, M.D.
KENDRICK McCULLOUGH, M.D.
WALTER C. MERKEL, M.D.
VERNON H. NORWOOD, M.D.
H. RAYMOND PETERS, M.D.
ISADORE A. SIEGEL, M.D.
BENEDICT SKITARELIC, M.D.
CARROLL L. SPURLING, M.D.
JOHN WHITRIDGE, JR., M.D.

BUDGET COMMITTEE

Mr. President and Members of the House of Delegates:

The Budget Committee met on February 13, 1957. The proposed Budget for 1958 was reviewed together with job descriptions of the salaried positions in the Faculty office which had been prepared by Mr. Kirkman.

RECOMMENDATION

On the basis of this review the committee recommended a salary scale for each position and included in its recommendations as given in the "Position, Classification and Specification Study" some later increases for the incumbent members of the staff.

The budget is as follows:

1957 PROPOSED BUDGET

ESTIMATED INCOME

<i>From Dues</i>		
Baltimore City members	\$55,000.00	
County members	26,700.00	\$81,700.00
Assessments		30,000.00
Baltimore City Medical Society		
For use of facilities	400.00	
For secretarial services	3,100.00	3,800.00
For secretarial services (for insurance)	300.00	
Baltimore City Dental Society		
495 members at \$3.00		1,485.00

BUDGET, ESTIMATED INCOME, *continued*

State Board of Medical Examiners		
Rental for 1215 Cathedral Street.....	1,680.00	
Rental for use of Osler Hall.....	480.00	2,160.00
State Board of Nurses Examiners		
Rental for Osler Hall.....		240.00
State Nurses Association		
Rental for 1217 Cathedral Street.....		2,000.00
		<hr/>
Forward.....		\$121,385.00
Maryland League for Nursing		
Rental for 3rd Floor, 1215 Cathedral Street.....		360.00
State Veterinarian Board.....		50.00
Income from Invested Funds		
For General Purposes		
Bowen Fund.....	\$1,037.00	
Bressler Fund.....	210.00	
Contingent Fund.....	412.00	
Ellis Fund.....	526.00	
Osler Endowment Fund.....	163.00	
Osler Testimonial Fund (½).....	453.00	
Hiram Woods Fund.....	254.00	3,055.00
		<hr/>
For Special Purposes		
Beck Fund.....	115.00	
Cordell Fund.....	426.00	
Finney Fund (½).....	491.00	
Friedenwald Fund.....	87.00	
Stokes Fund (½).....	181.00	
Trimble Fund.....	308.00	
McCleary.....	43.00	1,651.00
		<hr/>
Forward.....		\$126,501.00
For Library Purposes		
Baker Fund.....	75.00	
Barker Fund.....	46.00	
Cowles Fund.....	87.00	
Finney Fund (½).....	491.00	
Frick Fund.....	1,766.00	
Harlan Fund.....	88.00	
McCleary Fund (½).....	44.00	
Osler Testimonial Fund (½).....	453.00	
Ruhrah Fund.....	4,771.00	
Stokes Fund (½).....	181.00	8,002.00
		<hr/>
Income From Annual and Semiannual Meetings.....		7,770.00
Income From Journal		
From Advertising.....	30,360.00	
From Subscriptions.....	440.00	30,800.00
		<hr/>
Total Estimated Income.....		\$173,073.00

BUDGET, ESTIMATED DISBURSEMENTS, *continued*
1957 BUDGET

	1956 Budget	1956 Actual Expenses	1957 Proposed Budget
1. Auditor.....	\$600.00	\$530.00	\$600.00
2. Committee Expenses.....	1,000.00	772.41	1,000.00
3. Communication.....	3,600.00	3,653.65	3,700.00
4. Contributions.....	100.00	50.00	100.00
5. Fuel.....	3,100.00	3,257.89	3,600.00
6. Gas, Electricity and Water.....	2,500.00	2,376.93	2,500.00
7. Household and Janitorial Supplies and Expenses.....	1,200.00	749.55	800.00
8. Insurance.....	1,500.00	1,178.41	1,200.00
9. Journal Expenses*.....	30,000.00	29,902.13	33,790.00
10. Legal Fees.....	2,500.00	1,450.00	2,500.00
11. Library, Books, Binding, Supplies, etc.....	7,367.00	8,029.87	8,002.00
12. Maintenance of Property.....	2,500.00	1,696.40	2,000.00
13. Meetings, Annual and Semiannual.....	10,000.00	10,882.78	11,500.00
14. Miscellaneous.....	3,600.00	3,657.96	3,600.00
15. Office Equipment.....	1,000.00	469.97	500.00
16. Office Supplies.....	2,000.00	1,188.16	1,500.00
17. Printing.....	1,500.00	1,225.11	1,500.00
18. Salaries.....	74,140.00	64,030.01	74,850.00
19. Taxes.....	3,500.00	2,472.91	2,500.00
20. Travel.....	2,600.00	1,453.25	2,000.00
21. Legislative Expense.....	300.00	19.92	1,000.00
22. Extraordinary Repairs & Improvements.....	3,000.00	368.97	5,000.00
23. New Equipment.....	1,000.00	39.24	500.00
24. Transactions.....	1,000.00		1,000.00
25. Special Accounts.....	1,490.00	344.96	1,651.00
26. Fringe Benefits.....	2,100.00		2,100.00
27. Contingent.....			4,080.00
	<hr/> \$163,197.00	<hr/> \$139,800.48	<hr/> \$173,073.00

* Does not include salaries.

Respectfully submitted,
E. COWLES ANDRUS, M.D. *Chairman*
BENDER B. KNEISLEY, M.D.
RICHARD C. DODSON, M.D.
WETHERBEE FORT, M.D.
NORMAN E. SARTORIUS, JR., M.D.

COMMITTEE TO CONFER WITH CHIROPRACTORS

(Requested by Chiropractic Association, April 1956. Executive Committee and Chairman of Legislative Committee.)

Mr. President and Members of the House of Delegates:

The Chiropractors of the State have appointed an attorney for the Maryland Chiropractic Association, Mr. Bernard C. O'Sullivan. At Mr. O'Sullivan's request, the Executive Committee met twice with representatives from the Chiropractors Association.

The first meeting (held on February 1, 1957) was to acquaint the Executive Committee with the new organization and with the duties of Mr. O'Sullivan who assured the Committee that he would be glad to attempt to correct any complaints

which the Medical and Chirurgical Faculty had against the chiropractors.

The second meeting (held February 19, 1957) was to secure Faculty's assistance on the passage of a bill before the legislature which would give the chiropractors use of the State Department of Health laboratories. It was felt that this was not possible under the present law. The Executive Committee had Mr. G. C. A. Anderson, our attorney, draft a reply to Mr. O'Sullivan.

Respectfully submitted,
WARFIELD M. FIRO, M.D., *Chairman*
EVERETT S. DIGGS, M.D.
C. REID EDWARDS, M.D.
WETHERBEE FORT, M.D.
KARL F. MECH, M.D.

COMMITTEE ON CONSTITUTION AND BY-LAWS

Mr. President and Members of the House of Delegates:

On September 21, 1956 Dr. Everett S. Diggs, at my request submitted the report for our Committee. The amendments regarding the Nominating Committee, which were requested by the House of Delegates, were not adopted.

Neither the Council nor the House of Delegates have submitted requests to this Committee for amendments to the Constitution and By-Laws, and therefore, our report for this meeting is negative.

Respectfully submitted,
W. HOUSTON TOULSON, M.D., *Chairman*
E. COWLES ANDRUS, M.D.
THURSTON HARRISON, M.D.
DONALD HOOKER, M.D.

CURATOR: To be appointed, and no report.

COMMITTEE ON DIABETES (1956)

Mr. President and Members of the House of Delegates:

It is a well known fact that in our population there are thousands of individuals who have diabetes without knowledge of this fact. It is the duty of the medical profession to screen this vast number of people. Screening can be done by the examination of the blood or urine or both. The best method, of course, is examination of the blood. This procedure is not a simple one or is it inexpensive. For apparent reasons the Committee this year adopted urine testing as the method best fitting. The *Dreypak* designed by members of the St. Louis Clinical Diabetes Society was selected as the testing media. The Baltimore Retail Druggists Association purchased and distributed free of charge, 60,000 Dreypak in the metropolitan area. Instructions were given as to collecting of the urine and the returning of the Dreypak to a center maintained by the Committee. Here the specimens were tested for sugar and the results were returned to the patient with instructions that if sugar was reported positive, he should consult his physician.

Seven thousand, six hundred and twenty-six Dreypaks were returned and tested for sugar. Two hundred and sixty-eight gave definite positive reaction for sugar. The follow-up and proof of whether or not diabetes was present was left to the private physician. In similar surveys conducted throughout the country a return of twenty per cent of the distributed Dreypak is considered excellent. In our survey the return was approximately twelve per cent.

In Prince Georges County 12,000 school children were screened for diabetes. Two new proven cases were found. Elsewhere throughout the state detection work of some type was tried. Considerable publicity through the media of newspapers, radio and television was given to encourage people to go to their physician and be screened for diabetes.

The Committee has had contributions and many letters of encouragement for their work in diabetes detection.

Recommendation

It is suggested that this work continue as its scope is widened each year.

Respectfully submitted,
J. SHELDON EASTLAND, M.D., *Chairman*

COMMITTEE ON DIABETES (1957)

No Report.

(Chairman not appointed)
EDMUND G. BEACHAM, M.D.
CHARLES J. BLAZEK, M.D.
ERNEST C. BROWN, JR., M.D.
CAROLINE H. CALLISON, M.D.
CHARLES R. CAMPBELL, M.D.
HENRY V. CHASE, M.D.
J. WILFRID DAVIS, M.D.
J. SHELDON EASTLAND, M.D.
EDWARD J. EDELEN, M.D.
ROBERT W. FARR, M.D.
J. ROY GUYTHER, M.D.
SYLVAN GOLDBERG, M.D.
W. GRAFTON HERSPERGER, M.D.
PHILIP W. HEUMAN, M.D.
SETH H. HURDLE, M.D.
SAMUEL M. JACOBSON, M.D.
PAGE C. JETT, M.D.
E. PAUL KNOTTS, M.D.
GEORGE ALLEN MOULTON, JR., M.D.
CHARLES F. O'DONNELL, M.D.
MARGARET V. PALMER, M.D.
JOHN W. PARSONS, M.D.
SARAH M. PEYTON, M.D.
J. EMMETT QUEEN, M.D.
GEORGE SHARPE, M.D.
FRANK M. SHIPLEY, M.D.
THEODORE R. SHROP, M.D.
ABRAHAM A. SILVER, M.D.
SAMUEL J. N. SUGAR, M.D.
J. FRANK SUPPLEE, III, M.D.
NATHANIEL R. THOMAS, M.D.
JAMES U. THOMPSON, M.D.
W. ALFRED VANORMER, M.D.
LESTER A. WALL, JR., M.D.
GEORGE J. WEEMS, M.D.

GERIATRICS COMMITTEE

Mr. President and Members of the House of Delegates:

The Geriatric Committee held three meetings, all jointly with the Geriatric Committee of the Baltimore City Medical Society. One was also attended by the deans and other representatives of the teaching hospitals.

The Committee is aware of the formal recognition of geriatrics by the American Medical Association and believes that medical students, interns and hospital residents should be made aware of the special needs of the aged patient. While it may not be practicable to establish separate departments of

geriatrics in medical schools, it is hoped that schools will, through lectures and ward rounds, give emphasis to geriatric problems.

The nursing home is a particularly important facility in the care of the aged patient and the Committee suggests that the two medical societies take steps to make a survey of medical and nursing services rendered to patients in nursing homes.

Respectfully submitted,
V. L. ELLICOTT, M.D., *Chairman* (1956)
HERMAN SEIDEL, M.D., *Co-Chairman*
ALBERT L. ANDERSON, M.D.
LOUIS Z. DALMAU, M.D.
CHARLES R. FOUTZ, M.D.
W. GRAFTON HERSPERGER, M.D.
BENJAMIN KADER, M.D.
GEORGE J. KREIS, JR., M.D.
THOMAS F. LUSBY, M.D.
GEORGE S. MIRICK, M.D.
NORMAN E. SARTORIUS, SR., M.D.
HERMAN SEIDEL, M.D., *Chairman* (1957)
LOUIS Z. DALMAU, M.D.
V. L. ELLICOTT, M.D.
W. GRAFTON HERSPERGER, M.D.
BENJAMIN KADER, M.D.
GEORGE J. KREIS, JR., M.D.
THOMAS F. LUSBY, M.D.
GEORGE S. MIRICK, M.D.
MERRITT ROBERTSON, M.D.
NORMAN E. SARTORIUS, SR., M.D.

COMMITTEE TO INVESTIGATE GROUP INSURANCE ON A STATE-WIDE BASIS

(Appointed by the President of the Faculty on authority of the House of Delegates, September 1956.)

Mr. President and Members of the House of Delegates:

We have had only one meeting (all members present) but have gotten much work started and by May 1, 1957 should have a final report (see page 569) on several phases of our work.

Two other matters referred to us were acted upon:

- (1) We recommended that the Health Insurance Council be allowed to plan an exhibit at our Annual meeting, if space is available.
- (2) A letter from Montgomery County Medical Society over signature of Dr. John G. Ball regarding fees for medical examinations was referred to us: We recommended the following:
 - (a) Some of the fees are adequate.
 - (b) Other fees are in the process of being revised upward, already, so nothing need be done about them at present.
 - (c) About the lowest fee—\$2.00 for examination and issuing a work permit. This does not require a complete physical examination; the State Legislature has refused to increase appropriations to the fund; some doctors are eager to do the work at the present fee and since the work is entirely voluntary on the

part of the doctors, we recommend that no action be taken by the Faculty at present.

About Insurance: We have found that no "true group" life insurance can be written on Faculty members at present due to existing state laws. Some people are trying to get this law changed. We have been quoted some very favorable rates for Term Insurance at group rates. Several Insurance Companies are working on our case and if they come through as promised, we will have figures on Health and Accident and maybe also on Malpractice Insurance by May 1, 1957.

The Committee now must ask the Faculty to make one important decision for this work: If any insurance is written on a "true group" basis, there is only one contract issued—that to the Faculty. The participating members just get a card. THE FACULTY WOULD HAVE TO COLLECT ALL PREMIUMS FROM THE DOCTORS AND SEND IT TO THE INSURANCE COMPANY. THE FACULTY WILL HAVE TO DECIDE IF THE PRESENT OFFICE PERSONNEL CAN HANDLE THIS EXTRA WORK—IF NOT, WILL THE FACULTY PROVIDE THE NECESSARY AID? WE MUST HAVE AN ANSWER TO THIS BEFORE WE CAN PROCEED WITH SOME PHASES OF OUR COMMITTEE WORK.

Supplementary Report

(Presented by Dr. M. McKendree Boyer, May 3, 1957)

Dr. Lusby, the Chairman of this Committee, was unable to be present today (May 3, 1957).

Meetings of the Committee were held on January 27, 1957 and April 28, 1957 on call of the Chairman. Initial consideration was given to the possibility of obtaining competitive bids as a "package deal" which was to include all types of insurance required by physicians. We soon encountered so many difficulties and complications, that this exploration was given up as being impractical at present.

Group Life Insurance was next considered. In 1955, legislation was passed which prevented the issuance of group life insurance unless employer-employee relationship existed. This law was modified last month so that professional groups under certain circumstances can now buy term insurance on a group basis. We have received a mass of material on this type of insurance which we are studying. As yet, we are unable to make any recommendations.

In a true group plan, the clerical staff of the Faculty will probably be required to collect the premiums on the policies. Most companies are offering to pay 4% of these premiums as reimbursement for the clerical help. It is important, therefore, that we know (one) the number of doctors interested in Group Life Insurance and (two) whether the clerical staff of the Faculty could assume this additional responsibility. It would take approximately 1000 members, or about $\frac{1}{3}$ of the membership, paying \$100.00 in premiums annually, in order to receive \$4,000.00 income for the Faculty. Dr. Lusby would like an expression from the group today as to its feelings regarding these two points.

Next, *Malpractice Insurance*. Because of poor experience in this field, many companies are reluctant to write malpractice

insurance. Most of the old line American Companies have discontinued group rates. Rates vary in the component societies of the AMA depending on experiences of that particular society. Rates of all old line American companies are identical for a given component. Premiums still vary according to the type of practice a man does. We are currently weighing the advantages of lower rates against certain disadvantages presented in a plan of a foreign company. This Committee is not yet prepared to make any recommendation regarding malpractice insurance. Most companies vary their rates on a component county's malpractice experience, and seem uninterested in quoting rates for the entire State.

I think it appropriate at this time, to call your attention to the fact that it is a violation of the Maryland Insurance Laws for an officer of a Medical Society in the State, to send a letter to members of the Society, advocating application by members of the Society for a group malpractice liability policy to be issued by Lloyds of London. We are informed that Lloyds of London is not qualified in the State of Maryland. Section 52 of Article 48A of the Annotated Code of Maryland provides that it is unlawful for an association to publish or print in a circular letter an advertisement or other notice either directly or indirectly setting forth the advantages of, or soliciting business for any insurance company which is not qualified in this State. A violation of this statute is a misdemeanor punishable by a fine of not less than \$200.00 nor more than \$500.00. I mention this because the Attorney General and the office of the Insurance Commission threatened to prosecute an officer of a component society on this ground within the past month.

Health and Accident Insurance. At the present time there are a number of plans available to our members. Example, through the Baltimore City Medical Society, Component Societies of the Medical and Chirurgical Faculty of Maryland have a special disability policy underwritten by the so-called Loyalty Group—specifically the Commercial Casualty Company. The Montgomery and Prince George's County Societies have a Health and Accident insurance plan along with the D. C. Society underwritten by Mutual of Omaha. The Southern Medical Association has a policy underwritten by the Continental Casualty Company. In many instances, members of the Faculty who belong to specialty groups such as the American College of Surgeons, are eligible for disability insurance through these groups.

Weekly benefits usually range from \$25.00 to \$150.00 for Health and Accident policies.

Total disability from accidents usually begins the first day and may continue as long as a lifetime.

Partial disability benefits are available from only a few companies.

Total disability benefits from illness may begin from the first to the 90th day, varying with the plans as selected by the physician and also varying with different companies.

Most all companies provide accidental death and dismemberment benefits in varying amounts.

There are variations in policies concerning types of illness.

There is a wide variation among companies as to the waiver of premium clause.

There are also variations in hospitalization benefits.

Most companies limit acceptance of members to 60 years of age.

Time does not permit elaboration of the variations in the wording of policies which may serve as loopholes in contested cases.

To date, I personally have seen no plan that is comparable to the one now in force in the Montgomery County, Prince George's County and District Medical Societies. Members are accepted up to the age of 70. After 50% of our membership was enrolled in the plan in 1952, automatic coverage was given all members without physical examination. This policy gives the most complete coverage at a comparatively low cost. There is no age termination. A member may continue to be insured as long as he is in active practice. Total Disability is defined as the inability of the member to perform the duties of his specialty rather than his profession. Renewal may be refused only for (a) non-payment of premium, (b) if the insured leaves the practice of his profession, and (c) he ceases to be a member of the county medical society. The policy covers all accidents regardless of where or how they are sustained. It covers all illnesses including nervous breakdown, but excepting pregnancy, childbirth, and suicide. There is an arbitration provision stating that any controversial claim shall be settled by a board of three members, two of whom shall be members of the Medical Society, and the third to be named by the insurance company. Regardless of past history, after a member has been covered for 2 years, benefits are incontestible. Renewal premiums may be waived during total disability continuing more than three months. I feel that the above provisions are worthy of mention.

So far, the Committee has taken no action concerning the selection of a company to underwrite Health and Accident Insurance for the Faculty. We are requesting more time to explore all of the many possibilities, thus reaching more adequate and complete conclusions.

Respectfully submitted,
FRANK F. LUSBY, M.D., *Chairman*
J. TYLER BAKER, M.D.
M. MCKENDREE BOYER, M.D.
NORMAN B. COLE, M.D.
WOLCOTT L. ETIENNE, M.D.

COMMITTEE TO REPRESENT THE MEDICAL AND CHIRURGICAL FACULTY ON MARYLAND JOINT COMMITTEE FOR IMPROVEMENT OF CARE OF PATIENTS SPONSORED BY MARYLAND-DISTRICT OF COLUMBIA-DELAWARE HOSPITAL ASSOCIATION

(Appointed by the President of the Faculty upon authorization of the Executive Committee, September 1956, as requested by The Maryland-District of Columbia-Delaware Hospital Association.)

Mr. President and Members of the House of Delegates:

The Board of Trustees of the Maryland-District of Columbia-Delaware Hospital Association appointed a Committee to seek to stimulate interest in the organization of a

Maryland Joint Committee for the Improvement of the Care of the Patient. Dr. Harry L. Chant, the Chairman of the Council on Professional Practice of the Maryland-District of Columbia-Delaware Hospital Association requested the Medical and Chirurgical Faculty to appoint six of its members to serve with representatives of other groups in conformity with Article III of the Administrative Relations of the Maryland Joint Committee for Improvement of the Care of the Patient. Dr. William H. F. Warthen, the President of the Faculty, was authorized by the Executive Committee of the Council to comply with this request and he appointed our Committee in December, 1956.

The Committee to Represent the Medical and Chirurgical Faculty on Maryland Joint Committee for Improvement of Care of the Patient met on January 16, 1957, and discussed the problem. The suggestions resulting from our conference will be presented to the entire Committee as a whole as soon as Dr. Chant, the Chairman, arranges a meeting.

Respectfully submitted,
HERBERT E. WILGIS, M.D., *Chairman*
OTTO C. BRANTIGAN, M.D.
EDWARD F. COTTER, M.D.
ALBERT I. MENDELOFF, M.D.
CHARLES F. O'DONNELL, M.D.
GEORGE H. YEAGER, M.D.

COMMITTEE TO REVIEW PROPOSED REGULATIONS ON HOSPITAL LICENSING

(Appointed on authority of Council by its Chairman July 1956, as requested by State Department of Health.)

Mr. President and Members of the House of Delegates:

This Committee met once on February 7, 1957. The proposed revision of the regulations for general and special hospitals under the State Hospital Licensing Program was reviewed. The Committee devoted its considerations largely to duties of staff and personnel. The clause requiring any hospital to have a minimal medical staff of five licensed physicians was thoroughly discussed. Certain changes of phraseology were suggested in order to clarify or give more force to some sections. The Committee was generally in agreement with the purpose and method of the undertaking and unanimously voted in favor of its adoption, subject to approval by the pertinent fire authorities, the Advisory Board on Hospital Licensing, and finally the State Board of Health.

Respectfully submitted,
HARRY F. KLINEFELTER, JR., M.D., *Chairman*
J. OLIVER PURVIS, M.D.
I. RIDGEWAY TRIMBLE, M.D.

COMMITTEE ON INDUSTRIAL HEALTH

Mr. President and Members of the House of Delegates:

This Committee has not been very active. The chief function for the past year has been to furnish information regarding matters of industrial health to organizations which have an interest in such matters. In addition, the members

of the Committee have been asked from time to time to participate in a program of subjects pertaining to industrial health. We are ready and anxious to act as a clearing house for such matters.

Respectfully submitted,
NATHAN B. HERMAN, M.D., *Chairman*
THURSTON R. ADAMS, M.D.
JOHN WILLIAM ASHWORTH, M.D.
ROBERT F. CHENOWITH, M.D.
C. REID EDWARDS, M.D.
WILLIAM H. FISHER, JR., M.D.
WALTER E. FLEISCHER, M.D.
HUGH C. F. GILL, M.D.
DONALD B. GROVE, M.D.
F. FORD LOKER, M.D.
WILLIAM A. PILLSBURY, JR., M.D.
PERRY F. PRATHER, M.D.
CHARLES A. REIFSCHNEIDER, M.D.
CONRAD L. RICHTER, M.D.
BENJAMIN H. RUTLEDGE, M.D.
LEROY W. SAUNDERS, M.D.
HUNTINGTON WILLIAMS, M.D.

COMMITTEE TO CONFER WITH INSURANCE CARRIERS IN REGARD TO PROBLEM OF SPECIALTIES—RADIOLOGY, PATHOLOGY, ANESTHESIOLOGY.

(Appointed by the Council upon authorization of recommendation adopted by the House of Delegates, September 1955.)

Mr. President and Members of the House of Delegates:

This Committee has no formal report to make at this time. Several meetings have been held during the past year, and a long-range program has been formulated and put into operation.

Recommendation

The Committee asks that it be re-appointed for another year with the same personnel.

Respectfully submitted,
EDGAR T. CAMPBELL, M.D., *Chairman*
WEBSTER H. BROWN, M.D.
GEORGE G. FINNEY, M.D.
I. RIVERS HANSON, M.D.
WALTER C. MERKEL, M.D.

LEGISLATIVE COMMITTEE

Mr. President and Members of the House of Delegates:

At the 1957 General Assembly of Maryland a total of 1834 Bills and Resolutions were reviewed, and all Bills having any medical implication were referred to the Executive Committee of the Council for instructions as to whether or not we would take any definite action.

The following Bills were of special interest, and the action of the Legislature is noted for each:

Senate Bill 13. This was the most important piece of legisla-

tion since it embodied revision of the Medical Practice Act. Of major interest is the fact that it abolished the Homeopathic Board of Medical Examiners. It also contained several other changes the Faculty has been endeavoring to make in recent years.

This Bill was passed by both the House and Senate and was signed by the Governor despite delaying actions and other attempted maneuvers to block it on the part of a certain homeopath.

House Bill 756, would authorize chiropractors to sign health certificates. This Bill passed the House before we had an opportunity to oppose it. The Faculty considered it a dangerous Bill because of the vagueness of its provisions, and the feeling that if passed it would extend the fields of practice of chiropractors. An extensive hearing was granted to the Senate and the Senate Committee on Judicial Proceedings voted an unfavorable report, so this Bill died in that Committee.

Senate Bill 61 provided for the purchase of group life insurance by professional groups. This Bill was actively supported by the Faculty along with numerous other groups and it passed both the House and Senate.

Senate Bill 245 authorized the State Department of Public Welfare to use federal funds to contract for medical care by the State Department of Health. Since it contained federal money for local health purposes it was opposed by the Faculty as a matter of principle.

The statement was made that it would save the State \$800,000.00 a year, and we feel that because of this it passed both the Senate and House.

Senate Bill 362 prohibits the dispensing of drugs from coin machines. This Bill was actively supported by the Faculty. It passed both the House and Senate.

Senate Bill 472 authorized a Board for the certification of psychologists. This was presented to the Council and was approved by us and passed both House and Senate without opposition.

Senate Bill 486 provided that any person shall be regarded as practicing medicine who shall administer an anesthetic for an operation or for obstetric procedure and who shall make a charge or accept compensation for such services. The Bill remained in the Judicial Proceedings Committee. The Faculty supported the Bill in principle.

House Bill 322 deleted from the present law the restriction against optometrists selling and prescribing glasses for near-sighted children under fifteen years of age. This was opposed by the Ophthalmological Section of the Baltimore City Medical Society, but despite the opposition passed both the House and Senate.

House Bill 323 would give the Board of Optometry vague increased powers of regulation. Because of the possible increase in power of that Board over people other than optometrists this Bill was opposed by the Ophthalmological Section of the Baltimore City Medical Society and the Faculty. This Bill received an unfavorable report and died in Committee.

Numerous other Bills concerning the State Accident Commission, Hospitals, Nursing Homes, Medical Scholarships and other matters pertaining to public health were scrutinized closely and followed up by the Faculty without particular action on our part. Copies of these Bills and the action of the Legislature are available to any one interested in them.

This year the Faculty employed a Legislative Agent, Mr. C. Damer McKenrick, whose advice and assistance at the Legislature was of considerable help to us. The Committee wishes to extend its thanks for this help.

As in the past, Mr. Walter N. Kirkman performed his excellent services at the Legislature. The Committee finds it hard to render proper thanks for his excellent work done again this year. We sincerely hope that Mr. Kirkman can continue his fine efforts for many years to come.

The Committee would also like to commend the office of the Medical and Chirurgical Faculty for the fine work done in these matters during the course of this Legislature.

KARL F. MECH, M.D., *Chairman*
FREDERIC V. BEITLER, M.D.
HENRY A. BRIELE, M.D.
MELVIN B. DAVIS, M.D.
GEORGE O. EATON, M.D.
WILLIAM L. GARLICK, M.D.
RAYMOND F. HELFRICH, M.D.
WILLIAM T. LAYMAN, M.D.
JOHN MACE, JR., M.D.
S. EDWIN MULLER, M.D.
SAMUEL J. N. SUGAR, M.D.
FRANCIS J. TOWNSEND, JR., M.D.

(Each Component Society is represented by the incumbent President, Secretary and Treasurer, and also the Chairman of the Legislative Committee of the Baltimore City Medical Society, Charles R. Goldsborough.)

COMMITTEE TO STUDY LIAISON BETWEEN THE MEDICAL PROFESSION AND MARYLAND GENERAL ASSEMBLY

(Appointed in 1955, as authorized by Council.)

Mr. President and Members of the House of Delegates:

Although this has been a legislative year, this Committee has not been called upon for specific action or contact with members of the General Assembly. Legislative bills that have been presented were expeditiously handled by Dr. Karl Mech and his Committee, who also cooperated with the Board of Medical Examiners regarding the Medical Practice Act. This Committee holds itself in readiness to act as a liaison body. However, during the present session of the Maryland General Assembly this has not been a requisite.

Respectfully submitted,

GEORGE H. YEAGER, M.D., *Chairman*

EVERETT S. DIGGS, M.D.

WETHERBEE FORT, M.D.

KARL F. MECH, M.D., *Chairman of Legislative Committee*

MR. JESSE MARDEN IV

MR. WALTER N. KIRKMAN

COMMITTEE TO STUDY THE LICENSURE OF HOMEOPATHIC PHYSICIANS BY THE HOMEOPATHIC BOARD

(Appointed in 1955, as authorized by House of Delegates, April 1955.)

Mr. President and Members of the House of Delegates:

The enactment into law of Senate Bill 13 which revised the Medical Practice Act eliminating all references to a Board

of Examiners representing the Homeopathic Society has eliminated the problem of the licensure of unqualified Homeopathic physicians. The work of this Committee is therefore concluded and it considers itself discharged.

Respectfully submitted,
KARL F. MECH, M.D., *Chairman*
LEWIS P. GUNDRY, M.D.
AMOS R. KOONTZ, M.D.
HOWARD M. BUBERT, M.D.

COMMITTEE TO INVESTIGATE THE MALPRACTICE INSURANCE PROBLEM

(Appointed September 1955, as authorized by Council, September 1955.)

Mr. President and Members of the House of Delegates:

During the past few years there has been increasing attention directed to malpractice by both the medical profession and the lay public. A large amount of space in many of the medical journals has been devoted to this subject, and it has been much discussed at medical meetings. In addition, there have been numerous articles in lay publications. Here in Maryland there has been a noteworthy increase in the number of malpractice suits. Because of this heightened interest and concern, the Chairman of the Council of the Medical and Chirurgical Faculty of the State of Maryland appointed a special committee to consider the subject of malpractice and to make a report to the Society.

Malpractice is defined as a breach of duty on the part of a physician. Thus, in order to prove malpractice, it must be shown in court that the physician has been negligent. Occasionally, the issue may be clear-cut. Much more often, however, the issue of negligence is a matter of viewpoint and opinion. It should be pointed out, furthermore, that once such an issue is brought before a court, the court whether by a judge or by a jury must render a decision one way or the other. It is out of the uncertainty arising from these circumstances that physicians and insurance carriers are sometimes led to make settlements rather than to risk contesting the issue.

According to a recent letter to the members of the Baltimore City Medical Society from the President of that Society, eight malpractice suits were instituted in the courts in 1955 in Maryland. This figure, rather high in contrast to the one or two cases per year of a decade ago, is indeed a matter for concern. But, on the other hand, when one reflects that physicians are human beings, the same figure could be interpreted as evidence of a marvelously low rate of negligence on the part of the practicing physicians of this state. It is well to clarify one's thinking along these lines. When a physician purchases malpractice insurance, he is purchasing protection against the financial loss resulting from an unfavorable decision in a suit brought against him for malpractice. One wonders if it would not be more sensible for the patient, who is the one taking the greater risk, to purchase insurance against negligent or ineffective medical care?

Except in certain areas and except in certain special branches of medicine, there has not actually been much increase in the number of suits brought for alleged malpractice. Nevertheless,

the insurance rates have been increased over the country for all physicians. This is chiefly the result of the very large sums which have, in the last few years, been awarded to the parties adjudged to be injured.

In making these staggering awards the jury may consider that a substantial portion goes to the plaintiff's lawyer. Or its members may be influenced by a personal dissatisfaction with a particular doctor; or they may be giving vent to a feeling that doctors make too much money. It is difficult to assess in monetary values either human life or suffering. That this has been a major preoccupation of humanity since antiquity is attested to by the Bible. The Old Testament method of handling such matters, e.g. "an eye for an eye" was outmoded, in theory at least, by the Christian doctrine of turning the other cheek. It would seem that the latter doctrine has not been widely enough accepted, or perhaps it does not act as a sufficient deterrent to thoughtlessness or carelessness. In any event, it is now a part of the law of our times that an injury resulting to a person through carelessness or wrong-doing on the part of another person is compensable.

Who stands to lose the most from the injury or loss of life? Obviously, it is the injured or potentially dead individual and it might be argued that this is the person who should carry the insurance. Furthermore, if insurance were carried against this risk by the individual really taking the risk—and perhaps life insurance could be arranged to carry provisions for disability in excess of those now carried—one of the most distressing and even vicious aspects of the alleged malpractice racket would be done away with. This concerns the large share, customarily one-third, of the award in a successful malpractice suit which goes not to the injured party but to the successful attorney. Here is an area where efforts by Bar Associations could bring a considerable abatement of the current nuisance.

How many practicing physicians successfully avoid being sued for malpractice? Obviously the only sure method of doing this is not to practice at all. This sounds facetious, but it is apparent that the increasing costs of mounting insurance rates, and the grave threat to reputation in defending malpractice suits may act as deterrents to young men going into practice, particularly in special fields such as anesthesiology, radiology, and surgery.

It has been pointed out, in a number of recent discussions of the subject of malpractice, that the majority of the individuals bringing suit against physicians do so because there is evidence of actual malpractice. Thus, a patient who feels that he has been badly treated is far more apt to bring a suit for malpractice than an individual who feels that he has been conscientiously and carefully treated, no matter what the outcome has been. If this be true, it would seem that the majority of suits brought for alleged malpractice could be readily prevented if the practicing profession would heed more carefully the Golden Rule. Especially apt to bring suit is the dissatisfied patient who is being pressed to pay an exorbitant professional fee. When away from home or office, each physician must take scrupulous care to see that the services of another physician are readily available to his patients.

Authorities on malpractice also stress the fact that careless or critical remarks made by a physician often lead to the institution of a malpractice suit against another physician. No doubt this is true. Every effort should be made by all

practicing physicians to avoid public and casual or careless criticism of the efforts and results of their professional colleagues. On the other hand, how are professional standards to be maintained and raised if there is no criticism? The profession must find ways to do its part to protect the public from the unscrupulous or inept.

No physician enjoys being sued, nor does he relish the effect of the attendant publicity upon his reputation and his practice. Nevertheless it is extremely important that an innocent physician defend himself. To make a settlement out of court in order to avoid unpleasantness is akin to submitting to blackmail. Insurance companies are in business to render public service and to make money; in a case of dubious outcome, therefore, great pressure may be put upon a physician to agree to a settlement. Unless the physician be doubtful of his own innocence, however, he should insist on court proceedings. His fellow physicians will rally to his support and must be scrupulously honest in aiding the cause of justice. Whitewashing is as dishonest as blackmail.

Finally, it may well be wondered whether or not the very existence of professional liability or malpractice insurance does not contribute to the problem. It is remarkable in mid-century America how the interposition of a third party between the plaintiff and the defendant alters the conscience of the judge or jury. The latter seem to be quite willing to award large damages, seeming to believe that insurance companies are inanimate and feel no pain. If the defendant himself had to bear the entire cost of the damages, it is likely that the judge and jury would feel differently about the size of the amount. Larger awards, if insurance carriers are not frightened out of this field, will necessitate the payment of larger premiums, thus increasing the expenses of all insured physicians. This, in turn, is bound to result in increased cost of medical care to patients.

A number of interesting approaches toward solutions of these problems are currently being made. In California, the members of a county medical society have established a board which investigates such alleged instance of malpractice and delivers an impartial report. It is said that this has been of great help to judges and juries, to injured patients, to insurance carriers, and to innocent physicians. The American College of Surgeons has established its own professional liability insurance plan for its membership. This organization feels that its Fellows constitute a group of well-trained and able surgeons and therefore that the incidence of successful malpractice suits against these will be much lower than is currently the case for all who operate. If this be true, then there will be a gradual lowering of the rate charged by this plan.

There is, however, no single, simple solution. There will always be some suits because some accidents seem unpreventable and because there are among every doctor's patients a number who are of abnormal mentality. It is believed that conscientious attention to the practice of medicine, continued efforts to keep abreast of the progress of medicine, and careful observance of the needs and rights of others will help to reduce to a minimum the number of suits instituted for alleged mal-

practice. Patients rarely sue a doctor whom they like. (Bibliography may be seen in the Faculty office.)

Respectfully submitted,
EDWARD S. STAFFORD, M.D., *Chairman*
WILLIAM E. GROSE, M.D.

MARYLAND MEDICAL SERVICE, INC., and MARYLAND HOSPITAL SERVICE, INC.

Mr. President and Members of the House of Delegates:

Thank you for your letter of March 5th advising that a semiannual report from Maryland Hospital Service and Maryland Medical Service is due in accordance with the resolution of the House of Delegates in September 1955. From our records I assume this would be the resolution adopted on the basis of the report and recommendations from the "Committee to Confer with Blue Cross and Blue Shield in regard to Radiologic Section and Maryland Radiological Society Resolution of April 26, 1954." I have no report to make at this time in compliance with the resolution referred to above. A full report on the subject was made to you under date of February 28, 1956, and a supplementary report under date of August 10, 1956. No changes in areas of Blue Cross or Blue Shield coverage have been made since the latter date.

Respectfully submitted,
MR. R. H. DABNEY, *Director*

MARYLAND MEDICAL SERVICE, INC., BOARD OF TRUSTEES

Mr. President and Members of the House of Delegates:

It is my pleasure to report to you on the progress and development of Maryland's Blue Shield Plan during 1956, our sixth year of operations.

In terms of membership growth, substantial gains were made in 1956, adding a net of 43,337 subscribers to our standard program, bringing the year-end membership total of 273,803. Including the subscribers covered under the special Bethlehem Steel plan, total membership at the end of 1956 was 390,323. This represents 41% of the total Blue Cross membership at the year-end.

Enrollment growth has been most encouraging and many large industrial groups have been added. We expect further substantial gains in the year ahead as more and more people realize the value of prepaid protection for in-hospital surgical-medical care. Through our direct enrollment efforts as well as through the public education program via paid radio and newspaper advertising, Blue Shield is becoming much better known and accepted every day.

With our membership growth we have grown financially—in assets, in income, and in payments for services. The total assets of the Corporation, just over a million dollar mark at the end of 1955, rose to \$1,839,028 as of December 31, 1956. Our total income in 1956 was \$4,144,244, and out of this we paid \$3,412,228, or 82.3%, in benefits for subscribers. After operating expenses, which were 9.6% of our total income, we were able to put aside 8.1% in reserves. Additions to contin-

agency reserves were slightly less than in the previous year on a percentage basis, but higher in dollar amount.

Last year we provided benefits under our standard program to 36,095 subscribers, as compared with 23,305 receiving benefits in the previous year. Of the hospitalized cases, 55% included surgery, 30% were medical admissions, and the remaining 15% were obstetrical cases. Thirty-two per cent of the subscribers also received benefits for the additional services of anesthesia, consultations, radiation therapy, and emergency x-ray.

In May 1956, several changes were made in the Blue Shield program, including upward adjustments in certain of the scheduled fees and the addition of benefits for emergency x-ray and radiation therapy services. These, and other changes, have been favorably received by subscribers and physicians alike and have served to make Blue Shield coverage more comprehensive in scope and more equitable to all concerned.

We have planned to present in 1956, a second Blue Shield Plan with higher benefit schedule and higher income limits, to be offered to groups that desire broader protection than we now provide. Work on this new plan had to be postponed temporarily because of the negotiations on the Government's "Medicare" program, but we are again proceeding with it and confidently hope to be able to make a public offering by mid-1957. As pointed out in my letter of January 24th to all participating physicians, this new program will not replace the present one, but will be offered separately to those groups which want it. We will have two Blue Shield Plans—similar to the alternative programs now available through many of the larger Blue Shield Plans in other parts of the country.

At the request of the Medical and Chirurgical Faculty, your Corporation agreed to serve as the fiscal or administrative agent for the Government's Dependent Medical Care Program in Maryland. This program, referred to as "Medicare," provides comprehensive medical and hospital care benefits for dependents of members of the armed forces, at little or no cost to the recipient of the care. It is not an insurance program and your Blue Shield Plan is simply acting as agent, receiving and paying the claims, and being reimbursed by the Government for all payments, plus administrative expenses. Its operations present many new complications and problems, both for the doctors and for the Plan, but we are doing our best to make it operate smoothly and efficiently.

The success of Blue Shield in Maryland is due in no small part to the outstanding help and cooperation we have received from physicians. In order to realize full value from this cooperation, we inaugurated an active program of physician relations during 1956. Under this program, we have held a series of meetings in the counties with doctors' secretaries, have met with various groups of physicians, and have personally called on several hundred doctors at their offices. The results have been rewarding in terms of better general understanding of Blue Shield, its aims, and its administrative procedures.

While not necessarily a direct result of this educational program, it is interesting to note that the number of participating physicians in the State increased steadily during the year to over 2,230 at the year-end. Our records show that

in 1956, 96% of our payments for services rendered by Maryland physicians were made to participating physicians, and only 4% to those not participating in the program. I am certain that the success we have achieved has been due in large measure to the participation and cooperation of the doctors in Maryland.

In closing, may I extend special thanks to the members of the Board of Trustees, to the members of our Medical Relations and Reference and Appeals Committees, and to other physicians on whom we have called from time to time, who have all given freely and willingly of their time to assist the Plan's administrative staff in making the program operate effectively and smoothly. Many problems lie ahead, but I am confident that with the continued assistance and cooperation of all physicians, we will move ahead to new records of growth in 1957.

Respectfully submitted,
HENRY F. ULLRICH, M.D., *President*

MARYLAND STATE MEDICAL JOURNAL, EDITOR

Mr. President and Members of the House of Delegates:

The Maryland State Medical Journal has continued to have an adequate amount of scientific material available for publication. A full-time secretary has been available and, as a result of this service, secretarial and stenographic work has been most expeditiously and satisfactorily consummated.

Several innovations and improvements that have been planned to be put into effect during the past year are being postponed until the status of the Journal can be established. If the Journal is to be continued on its present level, then these innovations will be put into effect within the next six months. They do not represent any increase in publication cost. They will, however, present a more attractive journalistic appearance to the contents.

A number of the issues have been late. This has not been a fault of the Faculty office. The publishers have had extensive labor difficulties and, for the past six months, the publication schedule has been running behind schedule. It is anticipated that this will be corrected within the next few months.

Respectfully submitted,
GEORGE H. YEAGER, M.D., *Editor*

REPORT OF THE EDITORIAL BOARD, MARYLAND STATE MEDICAL JOURNAL

The annual meeting of Editorial Board, Maryland State Medical Journal was convened at the Faculty Building, 4:30 p. m., Tuesday, 16 April 1957. Those present included Doctors Wagner, Daugherty, Yeager, Walker and Mr. Jesse Marden. Absent, Dr. William B. Long.

The Editorial Board took official note of the passing of Dr. Emil Novak, for many years a member of the Board. The Chairman was instructed to draft an appropriate resolution embodying the sentiments of the Editorial Board, to attach this resolution to the minutes and transmit same with a recommendation that it be officially adopted by the House of Delegates in accordance with the text of the resolution.

A discussion was entered relative to suggestions for a possible successor for Dr. Emil Novak. Consideration of this matter was postponed.

Dr. George Yeager, Editor, then gave his report. He stated that he was in possession of adequate scientific material; that there existed a backlog of approximately one year; that there was adequate news and that cooperation from the component county societies has been excellent. He commented on delays which have been occasioned by difficulties in the printing plant and stated that he and Mr. Marden were trying to rectify these so that the Journal could appear on time. He emphasized that the delay was not in the editorial department.

Mr. Jesse Marden then gave in detail the financial report of the operations of Maryland State Medical Journal. Mr. Marden emphasized that at the beginning of 1957 the Journal enjoyed a 15 per cent rise in advertising rates. However, this was confronted by an immediate 15 per cent rise in printing costs which removed the advantage. He reported a moderate but steady increase in the amount of advertising and emphasized the fact that for the 2,700 monthly copies, the cost per year to each member of the Faculty was about \$2.30. In 1955 the cost was \$2.65, in 1956 \$2.26 and for 1957 \$2.30.

A discussion was then entered concerning the relative cost of preparation of a Faculty published newspaper, bulletin or circular to be distributed monthly to the membership. It was agreed that on the basis of current costs it would not be possible to print and distribute a news or organizational publications to the 2,700 members for any price even approaching \$2.30 per annum and that the present status of Maryland State Medical Journal as a news organ alone offers the most reasonably priced method of dissemination of Faculty information, since the greater portion of the printing costs are defrayed through advertising.

The Editorial Board next reviewed the general editorial activity, the quality of advertisements, format, style and the type of information published. It was the unanimous agreement of the Board that the Editor is again to be complimented for his continued excellent editorial work; that the Board offers no additional suggestions for improvement at this time, believing that Maryland State Medical Journal as an official publication of a State Medical Society is of high quality and quite competitive among other similar publications.

Dr. Jewett noted the difficulty he and other members of the Editorial Board have had relative to the acquisition of good editorials for the Journal.

The Editorial Board recommends that Maryland State Medical Journal be continued on the basis of its proven excellence and as a most economical means of distributing useful, organizational and scientific information to the membership. It notes with disfavor delays in the publication of the Journal and is taking vigorous measures with the printer to the end that these difficulties be overcome.

JOHN A. WAGNER, M.D., *Chairman*
LESLIE E. DAUGHERTY, M.D.
HUGH J. JEWETT, M.D.
WILLIAM B. LONG, M.D.
MR. JESSE MARDEN, IV
A. EARL WALKER, M.D.
GEORGE H. YEAGER, M.D.

MATERNAL AND CHILD WELFARE COMMITTEE

Mr. President and Members of the House of Delegates:

OBSTETRICAL SECTION

Once again it is gratifying to report that a new record low maternal mortality rate has been achieved for the counties of Maryland. The provisional rate for 1956 is 3.8 per 10,000 live births. By way of emphasizing the magnitude of this achievement that has taken place in recent decades, it can be pointed out that as recently as 1936 the corresponding rate for the counties was 45 per 10,000 live births. Many factors, of course, have played a part in producing this gratifying result, not the least of which is constantly improving conscientious day-in and day-out obstetric care being rendered by the physicians of Maryland.

It will be noted from the statistics which follow that 69% of the few deaths which did occur were considered preventable. Also, the wide discrepancy between the rates for white and non-white mothers should be particularly noted. This racial differential would certainly seem to indicate an urgent need for an extension of facilities—prenatal, labor, delivery, and postpartum—for the care of non-white mothers in the State, as well as more vigorous educational efforts directed at this group.

Certain changes in procedure and policy were decided upon during the year by the Committee. The first of these relates to the publication in the Maryland State Medical Journal of selected case histories of fatalities of particular educational value. These reports are, of course, prepared without mention of the patient's name, the attending physician, hospital, or community involved. The second change was a decision to invite all attending physicians of cases to be discussed to be present at the Committee's meetings. Thus the educational value of the Committee's activities could be increased, and additional information concerning the details of the case histories might be made available to the Committee members.

The Committee wishes to call to the attention of practicing physicians two factors relating to maternity care and the Committee's activities. It appears that whereas adequate blood transfusion facilities are apparently available in every hospital in the State, there are still fatalities occurring in cases in which insufficient blood replacement has been given. This is apparently usually due not to the lack of availability of blood, but rather faulty judgement on the attending physician's part as to the quantity of blood that is indicated. During 1956 there were three fatalities in which the patient received one or two pints of blood in which the Committee felt, from the case history, at least two or three times as much blood should have been administered.

Finally, the exact cause of death in many cases is obscure, and the absence of autopsy findings often makes it impossible to assign either a cause of death or to learn anything from these tragedies. In this connection, the Chief Medical Examiner for the State of Maryland has furnished the following opinion:

"Article 22 of the Annotated Code of Maryland provides that, when any person shall die . . . suddenly when in apparent health or when unattended by a physician, or in

(1) MATERNAL MORTALITY RATES—COUNTIES OF
MARYLAND—1956

	White		Non-White		Total	
	No.	Rate*	No.	Rate	No.	Rate
Maternal Causes	8	2.2	8	14.1	16	3.8
Non-maternal Causes	1	0.3	1	1.8	2	0.5
Total Deaths Associated with Pregnancy					18	4.3

* Per 10,000 Live Births

(2) PREVENTABILITY

Preventable	10	69%
Indeterminate	1	7%
Non-preventable	2	12%
Not yet reviewed	2	12%
		100%

(3) MATERNAL CAUSES OF DEATH

Hemorrhage	8
Postpartum	3
Ruptured ectopic pregnancy	2
Abruptio	1
Secondary to abdominal pregnancy	1
Ruptured uterus	1
Toxemia	3
Eclampsia	2
Cerebral hemorrhage with chronic hypertension	1
Infection	2
Septic abortion	2
Miscellaneous	3
Acute cardiac decompensation in labor	1
Sudden unexplained death in labor	1
Amniotic fluid embolus	1
(4) Deaths Associated with Pregnancy	2
Multiple gunshot wounds of abdomen and thorax	1
Sickle cell anemia	1

any suspicious or unusual manner,' a Medical Examiner's investigation shall be made. In the case of a pregnant woman who dies while unattended by a physician or even though under the attention of a physician for the care of her pregnancy, dies suddenly when in apparent health, the Medical Examiner shall be notified. Thus, we interpret "suddenly when in apparent health" to include those deaths in which the physician attending the patient had made no diagnosis of a potentially fatal disease or complication of the pregnancy and hence does not feel free to sign the death certificate because the cause of death is not established. In such cases, the Medical Examiner will take jurisdiction and I would expect him, under his authority, to have a post mortem examination performed in order to carry out the intent of the law by establishing the cause of death "beyond reasonable doubt" in such Medical Examiner's cases."

The attention of all physicians is called to the above in the hopes that a higher percentage of autopsies will be obtained

through utilizing the services of medical examiners in all maternal deaths in which the cause of death is not clear.

PEDIATRIC SECTION

Negative report.

Respectfully submitted,
J. MORRIS REESE, M.D., *Chairman* (1956)
PAUL HARPER, M.D., *Vice-Chairman*
GEORGE W. ANDERSON, M.D.
ANNIE M. BESTEBREURTJE, M.D.
HARRY D. BOWMAN, M.D.
STUART CHRISTILF, JR., M.D.
IRVIN M. CUSHNER, M.D.
GEORGE H. DAVIS, M.D.
D. MCCLELLAND DIXON, M.D.
H. W. ELIASON, M.D.
ABRAHAM H. FINKELSTEIN, M.D.
S. BUTLER GRIMES, M.D.
RUSSELL L. GUEST, M.D.
JANET B. HARDY, M.D.
ARTHUR L. HASKINS, M.D.
JOHN S. HAUGHT, M.D.
W. ROYCE HODGES, JR., M.D.
D. FRANK KALTREIDER, M.D.
W. KENNETH MANSFIELD, M.D.
HUGH B. McNALLY, M.D.
W. C. MORGAN, M.D.
RICHARD B. NORMENT, III, M.D.
JOHN E. SAVAGE, M.D.
STEDMAN W. SMITH, M.D.
B. P. WARREN, M.D.
BYRON D. WHITE, M.D.
JOHN WHITRIDGE, JR., M.D.

J. MORRIS REESE, M.D., *Chairman* (1957)
J. EDMUND BRADLEY, M.D., *Vice-Chairman*
GEORGE W. ANDERSON, M.D.
JOHN A. ASKIN, M.D.
J. TYLER BAKER, M.D.
HARRY D. BOWMAN, M.D.
STUART CHRISTILF, JR., M.D.
RAYMOND L. CLEMMENS, M.D.
IRVIN M. CUSHNER, M.D.
D. MCCLELLAND DIXON, M.D.
NICHOLSON J. EASTMAN, M.D.
H. W. ELIASON, M.D.
ABRAHAM H. FINKELSTEIN, M.D.
HARRY H. GORDON, M.D.
JANET B. HARDY, M.D.
PAUL HARPER, M.D.
ARTHUR L. HASKINS, M.D.
JOHN S. HAUGHT, M.D.
W. ROYCE HODGES, JR., M.D.
D. FRANK KALTREIDER, M.D.
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HUGH B. McNALLY, M.D.
WILLIAM C. MORGAN, M.D.
RICHARD B. NORMENT, III, M.D.
ALBERT M. POWELL, JR., M.D.
JOHN E. SAVAGE, M.D.

STEDMAN W. SMITH, M.D.
 JEAN ROSE STIFLER, M.D.
 GIBSON J. WELLS, M.D.
 BYRON D. WHITE, M.D.
 JOHN WHITRIDGE, JR., M.D.

MEDICAL ADVISORY COMMITTEE FOR THE MEDICARE PROGRAM

(Council authorized the Executive Committee to appoint this Committee,
 December 1956.)

Mr. President and Members of the House of Delegates:

This is just a brief review of the highlights related to the Medical Advisory Committee for the Medicare Program. This Committee has been activated only since March 11th. The Medicare Plan went into effect for Maryland in December 7, 1956. We have had only one meeting to date so this is a very preliminary report. It might interest you to know that the amount of money paid to physicians has been \$66,633.38. The number of physicians' claims paid have been 816. The average payment per case has been \$81.66. The average number of cases received from physicians per week during the past four weeks, for example, were 156. The number of cases requiring Committee action to date were 34, or 4 per cent of the total, which is a rather small percentage. The Committee has closed 16 of the cases which were presented to it, and has returned 7 to participants for additional information. There are at present only 11 new cases before the Committee.

This is a very new project, wide in scope and naturally many difficulties of administration arise. Some of these problems gave promise of being most difficult. I am happy to say that when explanations were made to the various groups of the participating physicians, most of the difficulties we anticipated really failed to materialize.

I want to say the physicians of Maryland, as well as the Office of the Surgeon General of the U. S. Army, have all shown excellent cooperation in matters pertaining to the functioning of the Committee. The administration of this program, of course, is in the hands of the Maryland Medical Service. They have been most cooperative in every sense.

That is about the extent of my report; I would like to say that in most instances I think the administrators have been able to make payment to physicians promptly. In those instances where physicians have not received their payments promptly, it has usually been because the case had to be referred to the Advisory Committee. The Committee is new; the law is new, and there are many adjustments to be made. It is our hope that that period of waiting for Committee action may be materially reduced as soon as the plan gets well under way.

Respectfully submitted,
 WILSON GRUBB, M.D., *Chairman*
 JAMES MCC. FINNEY, M.D.
 HERBERT N. GUNDERSHEIMER, M.D.
 GUSTAV HIGHSTEIN, M.D.
 JOHN H. HORNBAKER, M.D.
 S. LLOYD JOHNSON, M.D.
 AMOS R. KOONTZ, M.D.
 JOHN W. PARSONS, M.D.
 BERNARD O. THOMAS, JR., M.D.

MEDICAL ADVISORY COMMITTEE TO THE STATE DEPARTMENT OF HEALTH IN REFERENCE TO THE POLIOMYELITIS VACCINE IMMUNIZATION PROJECT

Also

REPORT ON THE CENTRAL COORDINATING COMMITTEE ON POLIO VACCINE

Mr. President and Members of the House of Delegates:

Early in December 1954 Dr. R. H. Riley, Director of the State Health Department, anticipating the need for an advisory group to assist in planning and administering "The voluntary plan for equitable distribution of poliomyelitis vaccine" asked that three representatives be named from the Medical and Surgical Faculty. He further suggested that one of these physicians be named to serve as Chairman of the Committee.

Membership:

Faculty Representatives:

Dr. J. Edmund Bradley, Baltimore—Chairman
 Dr. Harry D. Bowman, Hagerstown
 Dr. William C. Morgan, Salisbury

Academy of General Practice, Maryland Chapter:

Dr. Lauriston L. Keown, Baltimore
 Dr. Robert W. Farr, Chestertown
 Academy of Pediatrics, Maryland Chapter:
 Dr. Alexander J. Schaffer, Baltimore

State Health Department:

Dr. J. Howard Beard, Annapolis
 Dr. R. H. Riley (now Dr. Perry F. Prather) ex-officio
 Dr. Jean R. Stifler

Dr. Edward Davens, Secretary

Baltimore City Health Department:

Dr. Huntington Williams

National Foundation for Infantile Paralysis:

Senator George L. Radcliffe

State Department of Education:

Dr. Thomas G. Pullen, Jr.

Parent Teachers Associations:

Mrs. Frederick L. Bull, College Park

Maryland Pharmaceutical Association:

Mr. Joseph Cohen

Subsequent to the previous report dated February 8, 1956, the vaccine program progressed smoothly and additional meetings were not deemed necessary.

The membership (see above) was informed from time to time of progress in the percentage of individuals under 20 years of age who were inoculated. Towards the end of 1956, however, it was evident that the program was lagging. "Public apathy" was blamed. By the first week of February 1957 the national backlog of unused vaccine had reached the staggering total of 26,000,000 cc. The manufacturers were facing a possible loss in the millions and were in the process of cutting back production. From the standpoint of the public health there was danger of 26,000,000 "shots" of vaccine becoming out-

dated and going down the drain instead of being injected into unvaccinated children.

During this time three national meetings were held representing seven major national medical and health groups: the AMA, Academy of Pediatrics, Academy of General Practice, American College of Physicians, Academy of Obstetricians and Gynecologists, Association of State and Territorial Health Officers, U.S.P.H.S., and N.F.I.P.

The first two meetings were held in December, 1956 in New York City and Washington, D. C. respectively. It was decided that the AMA would assume leadership in a national drive to overcome apathy and increase vaccine use. The third meeting was held in Chicago in January 1957. Each State Medical Society was invited to send a representative. The Maryland Faculty was represented by the undersigned.

Subsequently a Central Coordinating Committee was set up by the Faculty with membership as follows:

Dr. John A. Askin
Dr. Katherine Borkovich
Dr. Harry Bowman
Dr. Edward Davens
Dr. Robert Farr
Dr. William Morgan

As agreed nationally this Committee (with same Chairman) has assumed leadership.

The success of the subsequent Polio V Day Campaign—March 1–April 15th—is now a matter of record. “Phenomenal,” “unexpected,” “miraculous” are some of the adjectives which have been used. There seemed to be a complete and sudden reversal of public interest with the result that a nation-wide shortage of vaccine occurred. This problem is described in the attached Health Department Letter #48. At the time of submission of this report the shortage of vaccine is the major problem. (Letter may be seen in the Faculty Office.)

At the close of the “Polio V Day” campaign April 15, 1957 a complete report will be prepared and submitted outlining the success of the program county by county.

Supplementary Report

(Presented by Dr. Robert W. Farr)

It is not possible, at this time to give a complete report of the number of people vaccinated during the Medical-Chirurgical sponsored Poliomyelitis Vaccination Program. However, an indication of the number of individuals vaccinated may be gathered from the following: Commercial vaccine distributed monthly to physicians in Baltimore City and State from October 1956, to March 22, 1957:

October	22,920 cc.
November	21,693 cc.
December	30,201 cc.
January	66,735 cc.
February	88,659 cc.

This month (February) was the largest distribution in any month since the vaccine became available:

March	76,058 cc.
April	30,000 cc. approx.

These totals do not reflect the amount of vaccine distributed through Washington, Philadelphia and Pittsburgh outlets.

A breakdown of the Baltimore City experience gives a better idea of the success of the program.

Total number of reported vaccinations:

Year 1955.....	85,282
Year 1956.....	224,375
Jan. 1–April 18, 1957.....	212,184

but of this 165,105 injections were given from March 1–April 18, 1957.

The latter includes 51,941 vaccinations given in the Baltimore Hospitals from March 3 to April 18, 1957.

You may be interested in the total number of cc.'s distributed in the State from the beginning of the Salk program and the distribution to private physicians and public agencies. Maryland: Total—2,105,376 (Public Agencies, 923,439; Commercial, 941,235).

In the U.S. the distribution was: Total—140,364,196 (Public Agencies, 72,539,270; Commercial, 54,082,800).

It is currently estimated that 70.6 per cent of the population under 20 of this State has received one or more injections. It is also estimated that in excess of 60 per cent of those under 40 years has received one or more injections against poliomyelitis.

A complete report will be submitted to the Faculty as soon as the results become known.

Respectfully submitted,

*Medical Advisory Committee to State Department of Health
in Reference to Polio Vaccine Immunization Project*

(Appointed by the President of the Faculty, 1954 as requested by Director of the Md. State Dept. of Health.)

J. EDMUND BRADLEY, M.D., *Chairman*
HARRY D. BOWMAN, M.D.
WILLIAM C. MORGAN, M.D.

Central Coordinating Committee on Polio Vaccine

(Executive Committee and Council appointed February 1957 to conform with National Program.)

J. EDMUND BRADLEY, M.D., *Chairman*
JOHN A. ASKIN, M.D.
KATHERINE H. BORKOVICH, M.D.
HARRY D. BOWMAN, M.D.
EDWARD DAVENS, M.D. (Representing
State Department of Health)
ROBERT W. FARR, M.D.
WILLIAM C. MORGAN, M.D.

JOINT COMMITTEE WITH THE BAR ASSOCIATIONS ON MEDICOLEGAL PROBLEMS

Mr. President and Members of the House of Delegates:

The Medical and Bar components of this Committee held a single meeting on February 7, 1957 for discussion of the overall program and it was reported that the subcommittee on Interprofessional Relations and Court Procedures had no special business.

The Subcommittee on Symposia Management has conducted two symposia during the last year on the subjects

"Lower Back Injuries, Factors and Sequellae" and "Ability and Disability Following Illness and Injury." Both were well received. The Committee has completed plans for a symposium on the first night of the coming Annual Meeting on the subject, "The Medical and Legal Problems of Traffic Accident Prevention." The participants will be the Honorable Judge Joseph R. Byrnes, Doctors H. F. Kinnamon and Manfred Guttmacher and Professor L. W. Farinholt, Jr.

Respectfully submitted,
 RUSSELL S. FISHER, M.D., *Chairman*
 CONRAD ACTON, M.D.
 MELVIN B. DAVIS, M.D.
 JOHN M. DENNIS, M.D.
 MANFRED S. GUTTMACHER, M.D.
 HOWARD F. KINNAMON, M.D.
 JOHN E. MILLER, M.D.
 RICHARD T. SHACKELFORD, M.D.
 HENRY F. ULLRICH, M.D.
 W. KENNEDY WALLER, M.D.
 SAMUEL R. WELLS, M.D.

MEMOIR COMMITTEE*

Mr. President and Members of the House of Delegates:

It is a fitting custom of our medical fraternity to remember names. We meet in Osler Hall, not just 1211 Cathedral Street. We speak of Cullen's sign, the Halsted operation, the Kelly clamp. Thus we pause almost imperceptibly in the rush of our work to remember those, who were first in their day.

Yet too soon names fade from memories too short for simple convenience, let alone kindly remembrance. We are overwhelmed by a flood of names, of faces, of facts, which we must, but cannot, recall. In this mood we have often welcomed relief in the submergence of the person in the statistic and the fact in columns of figures. Modern means of communication have increased our contacts by geometrical progression, beyond human capacity to assimilate. Now, by way of compensation, we welcome the aid of electronic monsters, which can store millions of facts and reproduce them in any stipulated pattern.

It is well to remember that this latest marvel of man's invention, like all his others, cannot fabricate anything inconsistent with the structure of the universe in which we live. "We but think God's thoughts after Him." Memory is long and detailed in nature, in varying ways. Possibly a slight change in the arrangement of chains in the complex protein molecules in the cell nucleus is the mechanism, but marvellous it is, that the fertilized egg of the golden pheasant remembers to reproduce the intricate patterns of its dazzling plumage. The migrating birds pass on to their chicks the well-remembered pathways of the sky.

If this is the kind of world, where a man can make a mechanical gadget that will remember countless names, we should be encouraged to believe anew, that the bottomless pit of anonymity need not be our end, but that there is room in infinite Providence for each one of us. While during the past year there streamed in through those pearly gates a countless

host, yet each one heard his call by name and went in peace to the prototype of fatherhood, the seat of mercy and fountain of healing.

Let us stand to remember those who in the past year have heard the kindly call and have gone before us to answer to their names.

Allegheny-Garrett County

Moseley, W. E. November 21, 1956
 Meyers, Lloyd R. August 12, 1956

Anne Arundel County

Gould, Vincent. November 7, 1956

Baltimore City

Athey, Henry Benedict. December 8, 1956
 Aubrey, John F. October 4, 1956
 Austrian, Charles R. July 13, 1956
 Butler, W. B. February 21, 1957
 Carliner, Paul E. October 13, 1956
 Coleman, William J. Sr. November 25, 1956
 Fisher, William A. Jr. October 18, 1956
 Golley, Kyle W. September 6, 1956
 Hall, Williams S. November 25, 1956
 Johnson, Edward S. December 24, 1956
 Lloyd, Oliver S. October 27, 1956
 Mohr, Dwight H. November 6, 1956
 Mortimer, Egbert L. Jr. December 2, 1956
 Neill, William, Jr. June 24, 1956
 Ney, Grover C. April 11, 1956
 Novak, Emil. February 3, 1957
 Richards, Esther Loring. July 6, 1956
 Spurrier, O. Walter. February 15, 1957
 Vanni, Frank K. May 19, 1956
 Wies, David. January 18, 1957
 Zupnick, Howard L. February 15, 1957

Dorchester County

Jones, Edgar A. May 27, 1956
 Steele, Guy. October 12, 1956

Frederick County

Bourne, U. G. Sr. July 17, 1956
 Goodman, James M. April 22, 1956
 Horine, Arlington G. March 15, 1956

Montgomery County

Boyer, George M. September 21, 1956

Washington County

Wroth, Peregrine. December 25, 1956

Wicomico County

Fisher, Charles T. September 19, 1956
 Respectfully submitted,
 A. S. CHALFANT, M.D., *Chairman*
 JOHN F. HOGAN, M.D.
 ROBERT H. RILEY, M.D.

* This Committee reported at the Scientific Session on Thursday, May 2, 1957, at 11:15 a.m.

MENTAL HYGIENE COMMITTEE

Mr. President and Members of the House of Delegates:

The major effort of the Committee during the past year has been in bringing to the attention of the members of the Faculty, some of the areas in psychiatry which are of interest to the general practitioner.

At a meeting in Chicago on November 16, 1956, sponsored by the Council on Mental Health of the American Medical Association, three topics were discussed for presentation to the local medical societies. These were the medical uses of hypnosis, the problem of alcoholism and the recent developments in the residential treatment for disturbed children. Reports on all these topics were presented after workshop discussions. The reports have been edited by the Council of Mental Health of the American Medical Association and will be shortly ready for distribution to the local societies.

The Committee has presented a report on ataractic drugs, sponsored by the American Psychiatric Association for publication in the Maryland State Medical Journal. Our Committee has considered the report for the treatment of psychiatric emergencies prepared by the Council on Psychiatric Emergencies of the Baltimore Council of Social Agencies. The Mental Hygiene Committee approved of this report which was subsequently approved by the Executive Committee of the Medical and Chirurgical Faculty. This report marks a forward step in dealing with psychiatric emergencies. The recommendations of the Committee were presented as a Bill to the Senate of Maryland, on March 11, 1957.

The Committee was also concerned with the problem of Accreditation of the local group of psychologists. The Maryland Psychological Society presented a Certification Bill to the present Legislature on the advice of the Attorney General. This Bill was discussed and approved by the Mental Hygiene Committee, subsequently, it was also approved by the Executive Committee of the Medical and Chirurgical Faculty and has been passed by the Legislature. The provisions of this Bill, which provide for qualifications for the certification and registration of psychologists in the State, will be helpful in increasing the standards for psychologists in the State of Maryland.

Respectfully submitted,

JACOB ELLIS FINESINGER, M.D., *Chairman* (1957)

JEROME D. FRANK, M.D. (1957)

MANFRED S. GUTTMACHER, M.D. (1957-1958)

KENNETH B. JONES, M.D. (1957-1958)

WILLIAM W. MAGRUDER, M.D. (1957-1958)

CLIFTON T. PERKINS, M.D. (1957-1959)

KENT E. ROBINSON, M.D. (1957-1959)

IRVING J. TAYLOR, M.D. (1957-1959)

SARAH S. TOWER, M.D. (1957-1960)

ISADORE TUEK, M.D. (1957-1960)

JAMES S. WHEDBEE, JR., M.D. (1957-1960)

COMMITTEE ON NATIONAL EMERGENCY MEDICAL SERVICE

Mr. President and Members of the House of Delegates:

Several meetings of this Committee were held together with members of the Baltimore City Medical Service and Col. Welch of the State of Maryland Civil Defense Services.

Our Committee is concerned and disturbed because although real advance has been made in organizing Hospitals and Casualty Cleaning Stations on an emergency basis, no small, mobile surgical or medical teams are immediately available if such an emergency suddenly arises. We believe that these teams should be organized and listed so as to be available on immediate summons to those designated to head the medical services of an emergency, such as the Commissioners of Health of the State of Maryland, the City of Baltimore, and the Counties of Maryland, and the Committee on National Emergency Medical Service. We are implementing plans whereby individual surgeons and individual physicians will form their own teams of four individuals, consisting of a medical doctor and three people trained in first aid work. Each team will furnish its own transportation. The head of each team will be responsible for summoning the individual members without delay. Each team will be given a special number, identifying insignia, and will be on file with the proper authorities for summons by telephone or radio call.

Respectfully submitted,

I. RIDGEWAY TRIMBLE, M.D., *Chairman*

PERRY F. PRATHER, *Co-Chairman*

JOHN G. BALL, M.D.

DAVID J. GILMORE, M.D.

RICHARD V. HAUVER, M.D.

ROBERT C. KIMBERLY, M.D.

DANIEL J. PESSAGNO, M.D.

HUNTINGTON WILLIAMS, M.D.

FRANK D. WORTHINGTON, M.D.

NEW BUILDING COMMITTEE

Mr. President and Members of the House of Delegates:

A brief report from this Committee is as follows:

The members of the Building Committee are waiting for the completion of the purchase of a land site by a group on which a medical arts building is to be erected.

We have been consulted as to our interest in the project, which will permit the faculty to obtain as much space for the faculty rooms, library, etc. as they might need and at the same time be part owners of the building up to twenty per cent, sharing in any profits. The Faculty will have a majority representation on the board.

A minimum amount of \$100,000. will be paid by the Faculty and a balance of \$150,000. paid in the following ten years. After this, the Faculty will amortize the balance of \$750,000. from the profits. Many points need clearing and investigating.

As soon as the land is purchased we will report back to the Planning Committee and Council for advice.

No definitive action has been taken but the Committee

feels that this will be a profitable undertaking. No recommendations are made at this time.

Respectfully submitted,
ALBERT E. GOLDSTEIN, M.D., *Chairman*
Subcommittee on Building Plans
R. WALTER GRAHAM, JR., M.D., *Chairman*
Subcommittee on Finance
CHARLES F. O'DONNELL, M.D., *Chairman*
JOHN W. PARSONS, M.D., *Treasurer*
JAMES G. ARNOLD, JR., M.D.
WILLIAM L. GARLICK, M.D.
HARRY C. HULL, M.D.
MARIUS P. JOHNSON, M.D.
RICHARD W. TELINDE, M.D.

NOMINATING COMMITTEE

Mr. President and Members of the House of Delegates:

The Nominating Committee brings to you the following gentlemen for nominations for next year (1958):

President

J. SHELDON EASTLAND, Baltimore

Vice-Presidents

ARCHIE ROBERT COHEN, Clear Spring

ALFRED R. MARYANOV, Cambridge

GRANT E. WARD, Baltimore

Secretary

EVERETT S. DIGGS, Baltimore

Treasurer

WETHERBEE FORT, Baltimore

Councillors

LEO BRADY, Baltimore (1960)

RUSSELL S. FISHER, Baltimore (1960)

R. WALTER GRAHAM, JR., Baltimore (1960)

HOWARD F. KINNAMON, Easton (1960)

ROSS L. MCLEAN, Baltimore (1960)

WALDO B. MOYERS, Hyattsville (1960)

CHARLES F. O'DONNELL, Towson (1960)

Delegate to American Medical Association

ROBERT VANLIEU CAMPBELL, Hagerstown (1958, 1959)

Alternate Delegate to American Medical Association

WILLIAM B. LONG, Salisbury (1958, 1959)

Committee on Scientific Work and Arrangements

HOUSTON S. EVERETT, Baltimore (1961)

Library Committee

J. ROY GUYTHER, Mechanicsville (1962)

Finney Fund Committee

RICHARD T. SHACKELFORD, Baltimore (1962)

Board of Medical Examiners

NORMAN E. SARTORIUS, JR., Pocomoke City (1961)

VERNON H. NORWOOD, Baltimore (1961)

According to the directive of the Council, the names of the men who were nominated for the Council were sent to their Component Societies and their Component Societies have agreed that the names of these gentlemen shall be brought up for your final selection.

Respectfully submitted,
J. MORRIS REESE, M.D., *Chairman*
MELVIN B. DAVIS, M.D.

JOHN S. HAINES, M.D.
JOHN MACE, JR., M.D.
S. ROBERT WELLS, M.D.

COMMITTEE FOR THE STUDY OF PELVIC CANCER

Mr. President and Members of the House of Delegates:

As of March 1, 1957, the Committee has included in its study fourteen hundred and seventeen cases of pelvic cancer which have been treated in the hospitals of Baltimore which are cooperating in the study. These cases have been reviewed and classified according to the delay period between the time of onset of symptoms and the time of correct diagnosis and adequate treatment. We have considered a time lapse of more than one month as delay. The cases have been classified as follows:

Patient delay.....	594	42.0%
Physician delay.....	114	8.0%
Physician and patient delay.....	91	6.4%
Institutional delay.....	35	2.4%
Institutional and patient delay.....	34	2.4%
Institutional and physician delay.....	5	0.4%
Institution, patient and physician delay...	2	0.1%
Inadequate or improper treatment*.....	18	1.3%
Delay due to laboratory error*.....	4	0.3%
No delay.....	482	34.0%
Asymptomatic detected cases.....	38	2.7%

There has been delay on the part of physician or hospital, or inadequate treatment in twenty-one per cent of the cases reviewed.

Over the years of the study there has been a gradual increase in the number of early cases under treatment. In 1953, forty per cent of the cervical cases were stage zero or stage one; in 1956, sixty per cent were stage zero or one.

It has been encouraging to note that cases are coming to treatment more promptly. In 1953, thirty per cent of the cases of cervical carcinoma included in the study showed no delay, with an additional nineteen per cent under treatment within two to three months after the onset of symptoms. In 1956, there was no delay in fifty per cent of the cases and an additional twenty-three per cent were under treatment within two to three months.

Respectfully submitted,
RICHARD W. TELINDE, M.D., *Chairman*
FRANK K. MORRIS, M.D., *Vice-Chairman*
BEVERLEY C. COMPTON, M.D., *Secretary*
FERNANDO G. BLOEDORN, M.D.
THOMAS S. BOWYER, M.D.
C. BERNARD BRACK, M.D.
OSBORNE D. CHRISTENSEN, M.D.
ROBERT J. DICKSON, M.D.
WILLIAM K. DIEHL, M.D.
V. L. ELLICOTT, M.D.
GERALD A. GALVIN, M.D.
ARTHUR L. HASKINS, M.D.

* Classification added 1955.

WILLIAM ROYCE HODGES, JR., M.D.
 HOWARD W. JONES, JR., M.D.
 THEODORE KARDASH, M.D.
 JOSEPH C. SHEEHAN, M.D.
 A. ADLER SONDEIMER, M.D.

COMMITTEE TO STUDY PROBLEMS OF MUTUAL INTEREST TO MEDICAL AND CHIRURGICAL FACULTY AND MARY- LAND PHARMACEUTICAL ASSOCIATION

Mr. President and Members of the House of Delegates:

A meeting of this Committee was held December 18, 1956, at the suggestion of Mr. Francis S. Balassone to discuss the current practice of the Maryland State Health Department in regard to the check being made on narcotic prescriptions. It was felt, and therefore it is recommended that all physicians of the State should be made aware of this investigation, and also the laws covering the prescribing of narcotics.

Respectfully submitted,

EDWARD F. COTTER, M.D., Chairman

JAMES R. KARNS, M.D.

MARTIN L. SINGEWALD, M.D.

PLANNING COMMITTEE*

(Authorized by the House of Delegates, May 1956. Appointed formally—June 1956.)

Mr. President and Members of the House of Delegates:

The third meeting of the Planning Committee was called to order by the Chairman, Dr. W. M. Firor, at 4 p.m. on Wednesday, March 20, 1957 at 1211 Cathedral Street. The following were present: James Andrews, M.D., Charles County; L. E. Daugherty, M.D., Allegany-Garrett County; A. C. Dick, M.D., Kent County; E. S. Diggs, M.D., Baltimore (Secretary); C. R. Edwards, M.D., Baltimore (President); W. L. Etienne, M.D., Prince George's County; W. M. Firor, M.D., Baltimore (Chairman); Wetherbee Fort, M.D., Baltimore (Treasurer); M. Gross, M.D., Carroll County; J. R. Guyther, M.D., St. Mary's County; P. Stonesifer, M.D., Harford County; M. M. Cross, M.D., Montgomery County; W. B. Firor, M.D., Baltimore City; W. T. Layman, M.D., Washington County; W. Obenshain, M.D., Cecil County; C. F. O'Donnell, M.D., Baltimore County; R. A. Riley, Jr., M.D., Anne Arundel County; J. B. Thomas, M.D., Frederick County; H. W. Ward, M.D., Calvert County; Robert B. Wright, M.D., Caroline County; T. Harrison, M.D., Talbot County.

Those who could not attend were Doctors J. M. Bloxom, III, Wicomico County; Norman E. Sartorius, Jr., Worcester County and Theodore Sattelmair, Queen Anne's County.

Dr. Firor, the Chairman, read to the Committee the fol-

lowing Statement of Reasons for Continuing the Medical and Chirurgical Faculty which had been sent out in advance:

Statement of Reasons for Continuing the Medical and Chirurgical Faculty

The changes in our economic, social and political life since World War I have affected the practice of medicine profoundly. Every aspect except the doctor-patient relationship has been altered. The growth of insurance plans, the advent of the welfare state, and the educational advertising of drug firms are only some of the developments that make it imperative for the functions and the organization of the Medical and Chirurgical Faculty to be carefully re-appraised. What are the reasons for this Society to continue? What functions can a state society do which are not done better by other agencies? Let us look at Article 2 of the Constitution of the Faculty which was adopted in 1904.

1. "The purposes of this Faculty shall be to federate and bring into one compact organization the medical profession of the State of Maryland, and to unite with similar societies of other States to form the American Medical Association." This purpose still exists, but we would call attention to the adjective "compact" and not "complex."

2. "To extend medical knowledge and to advance medical science." This is no longer realistic. Both activities are done better by medical schools, specialists, societies, pharmaceutical firms, health agencies, televised clinics, ethical and commercial publications. The Journal published by the Faculty cannot justify its existence on the grounds that it is needed for the extension of medical knowledge.

3. "To elevate the standard of medical education." This was written 8 years before the Flexner report, and 20 years before the first specialty Board was created. Except through the Board of Medical Examiners, this Faculty has no means of influencing the standards of medical education. Actually, the effectiveness of this Board is largely to prevent a lowering of standards.

4. "To secure the enactment and enforcement of just laws relating to the practice of medicine and public health." This is now the most important function of the Medical and Chirurgical Faculty. The regulation and control of the medical profession by the Government and by semi-political organizations, such as labor unions, is far and away the greatest problem which faces all the doctors of medicine in Maryland today.

5. "To foster friendly intercourse among physicians." This is no longer a very important function, and is surely not essential.

6. "To enlighten and direct public opinion so that the profession shall become more useful in the prevention and cure of disease, in prolonging and adding comfort to life, and in promoting a satisfactory distribution of medical care to the citizens of Maryland." The men who drafted this sentence had great foresight. The medical profession is in the eye of the public today as never before. Articles about medicine and radio programs on medical subjects have maximum appeal to the public. At present the public is rather critical of us, and is quick to seize upon any unfavorable comment. With national organizations, such as the American Cancer Society,

*These minutes are basically the report of the Planning Committee as presented to the House of Delegates and mailed previously to the delegates and officers of the Component Medical Societies, and the Planning Committee.

the Heart Association, etc., feeding the public data about disease, it is inevitable that public attention will continue to be focused upon the profession for years to come. It is imperative, therefore, that an intelligent and concerted effort be made to create and maintain the good will of the public, and to eliminate the current mood of suspicion.

With this brief survey in mind, we propose the changes in the Medical and Chirurgical Faculty as set forth in the minutes of the March 7, 1957 meeting of the Steering Committee.

Dr. Firor then read the recommendations which the Steering Committee had proposed and suggested that the Planning Committee consider these recommendations one by one.

I. Scientific Sessions

That the Scientific Sessions be curtailed with the object of having in Baltimore a two-day Annual Meeting instead of a three-day meeting in conjunction with which all social activities shall be self-supporting.

The Planning Committee approved this recommendation. The advisability of curtailing the meeting to two days was discussed as it might be related to the willingness of the exhibitors to set-up an exhibit for such a short meeting. It was felt, however, that if there were in the program a recess provided specifically as a time for physicians to visit the exhibits, the exhibitors might very readily agree to participate.

Action on recommendation. The committee therefore approved this recommendation with the suggestion that this be sent to the committee on scientific work and arrangements for its consideration.

II. Semiannual Meeting.

That the Semiannual Meeting be held in Ocean City, Maryland, with a minimum of time given to a scientific meeting and the remainder given to business and social events.

The basic idea of this recommendation was felt to be good, however the Committee was not in favor of making it an absolute restriction to Ocean City.

Action on recommendation. The committee approved the recommendation with a change in the wording to conform with that of the action taken on October 6, 1953 by the House of Delegates that the Semiannual Meeting will be held in Ocean City unless one of the component Medical Societies indicates that it wishes to be the host to the State Medical Society.

III. Director.

That the position of Director be abolished May 30, 1957 and the incumbent be given three months' separation pay.

It was felt that it was not the prerogative of the Planning Committee to determine, or suggest, the amount of separation pay but that this should be determined by the Council.

Action on recommendation. That the position of Director be abolished May 30, 1957.

IV. Executive Secretary.

That there be appointed an Executive Secretary, preferably a person with medical training,—the duties of this position to be spelled out very carefully.

Considerable discussion occurred concerning the wording of this recommendation. It was the feeling of the Committee that some outside source should be utilized whereby individuals experienced as executive officers of other medical societies might be asked to survey the situation in Maryland and recommend the qualifications that might be looked for in an Execu-

tive Secretary, and perhaps give other information which might be helpful in the reorganization of the Society.

Motion.—Recommendation. The following motion was then made that there be appointed an Executive Secretary who is to be selected after survey and consultation by experts in the field and that the necessary funds are made available to carry out this survey. It was the recommendation of the committee that a special committee from the Council be appointed and given the responsibility of selecting an Executive Secretary, and that such committee be given the power to call in the necessary consultants. The motion was carried.

V. Legislative Representative.

That a permanent legislative representative be employed.

It was pointed out that the Faculty already employs a representative to the Legislature. In order to clarify the fact that this was a position which was being established more or less permanently, rather than an individual who would be employed on a permanent basis, the recommendation was reworded.

Reworded recommendation. That the position of legislative representative be established. The recommendation as reworded was approved on motion, duly seconded and carried.

VI. Public Relations Man.

That a public relations man be employed.

This evoked considerable discussion. It was felt by some that public relations should be a part of the job and part of the qualifications of the Executive Secretary. It was felt by others that this should be done by someone who is primarily a public relations expert who might be employed by the Faculty on a part-time but retainer basis.

Action on recommendation. The final wording of the recommendation is as follows: That we employ a public relations man. The recommendation was carried by a vote of sixteen to three (16 to 3).

VII. Maryland State Medical Journal.

That the Journal be abolished and a monthly news letter be circulated by the Executive Secretary—such news letter to contain announcements, personal notices, etc.

Action on recommendation. It was suggested that the word "monthly" be changed to "periodic" and with this change the recommendation was approved.

VIII. Library.

That the reference library be disposed of in accordance with recommendations from a special committee to be appointed and that the endowment fund be used to maintain a working library (reading room, purchase of books and journals, pay for librarian to assist in reference work.)

The recommendation was discussed at length by many members of the Committee. There was a decided desire on the part of many, including representatives from the counties that the Library should be retained. Not only would there be legal complications regarding endowments and wills which would develop but also it was felt by several that the Library was the one cultural area of the Medical Society which exists and should certainly be continued. It was pointed out by Dr. Edwards that dissolution of the Library would make mandatory that an opinion be obtained from our attorney and the attorney general. Dr. Fort pointed out that the endowments in the future would increase the income of support to the

Library from the current figure of approximately \$8,000. per year to one of approximately \$20,000. per year.

Action on recommendation. Motion. On motion by Dr. Fort, seconded by Dr. Etienne, it was moved that recommendation 8 be deleted from the recommendations of the Steering Committee. The motion was carried without a dissenting vote.

Recommendation regarding Library. Approved.

The Planning Committee, however, recommends until the library is self-supporting all reference work performed by the library be done at a rate determined by the library committee to be the actual cost of such work. This recommendation was approved.

The Committee adjourned for dinner at 6 p.m.

MINUTES OF THE LATTER PART OF THE EXECUTIVE SESSION, PLANNING COMMITTEE MEETING OF MARCH 20, 1957

The Planning Committee reconvened at 7:00 p.m. on March 20, 1957, and Dr. Warfield M. Firor, the Chairman, presided.

IX. Council.

That the Council be reorganized.

Action on recommendation. (Council representation.) The Planning Committee recommends that, in addition to the present representation from the Baltimore City Medical Society on the Council, one member is to be elected by each Component Medical Society.

COMMITTEES—ACTION OF PLANNING COMMITTEE ON THE RECOMMENDATIONS

X. The recommendation of the Steering Committee that the following Faculty Committees be continued was approved:

1. Finance Committee to be fused with the Budget Committee.
2. Nominating Committee.
3. Library Committee.
4. Finney Fund Committee.
5. Committee on Scientific Work and Arrangements.
6. Committee to Cooperate with the A.M.E.F.
7. Committee on Constitution and By-Laws.
8. Legislative Committee.
9. Maternal and Child Welfare Committee.
10. Joint Committee with the Bar Associations on Medicolegal Problems.
11. New Building Committee.
12. Professional Conduct Committee.
13. Advisory Committee to Consult with the State Department of Health.
14. Committee on Veterans Medical Care.
15. Committee to Study Problems of Mutual Interest to Medical and Chirurgical Faculty and Maryland Pharmaceutical Association.
16. Medical Advisory Committee with the Medicare Problem.

XI. The Planning Committee approved of the following Committees being abolished, with the exception of the Committee on National Emergency Medical Service and this Committee is to be continued:

1. Blood Bank Advisory Committee.
2. Committee on Diabetes.

3. Editorial Board of the Maryland State Medical Journal.

4. Geriatrics Committee.

5. Committee on Industrial Health.

6. T. B. Committee.

7. The Committee to Study Problem of Accreditation of Hospitals.

8. Committee for Better Distribution of Doctors Throughout the State.

9. Committee to Study Licensure of Homeopathic Physicians by Homeopathic Board.

10. Committee to Study Liaison Between the Medical Profession and Maryland General Assembly.

11. Medical Advisory Committee to the State Department of Health in Reference to the Polio Vaccine Immunization Project.

12. Fact-Finding Committee to Investigate Postgraduate Education.

13. Committee to Consider Relationship between Hospitals and Specialties and the Manner of Payment for Professional Services.

14. Committee to Represent the Medical and Chirurgical Faculty on Maryland Joint Committee for Improvement of Care of Patients Sponsored by Maryland-District of Columbia-Delaware Hospital Association.

15. Committee to Confer with Chiropractors.

16. Committee on National Emergency Medical Service.

XII. The recommendation of the Steering Committee that the following Committees are to complete their studies and then be abolished after they have finished their assignments:

1. Committee to Confer with Insurance Carriers in Regard to Problem of Specialties—Radiology Pathology, Anesthesiology.
2. Committee to Investigate the Malpractice Insurance Problem.
3. Committee to Review Proposed Regulations on Hospital Licensing.
4. Committee to Investigate Group Insurance on a State-Wide Basis.
5. Planning Committee.

XIII. The Planning Committee approved the recommendation that the following Committees be abolished and their duties be assigned as indicated.

1. Advisory Committee to the Woman's Auxiliary—now a function of the Executive Committee.
2. Maryland Advisory Committee to Selective Service. This is an affiliate and not a true Faculty Committee. The Faculty's only duty is to name an appointee. This function can be carried out by the Council.
3. Memoir Committee. This to be a Memoir Appointee made annually by the Council.
4. Committee for the Study of Pelvic Cancer. Recommended to this Committee and to the Baltimore City Medical Society that this Committee be a function of the Baltimore City Medical Society.
5. Committee on Public Instruction.

To be the function of the Public Relations Director

6. Committee on Rural Medicine.

- To be the function of the Public Relations Director
7. Advisory Committee to the State Accident Fund—this to be an appointee named by the Council.
 8. Mental Hygiene Committee—a definite decision regarding the Mental Hygiene Committee has not been reached. It may be that this Committee should be continued.

SUGGESTED FINAL RECOMMENDATIONS

It was decided that a copy of the recommendations as revised by the Planning Committee be sent to each member of the Committee to present to his Component Medical Society, and that the Steering Committee prepare an estimate of the changes in the budget which the adoption of these recommendations will bring about.

The Planning Committee requested that there be included in this report a brief note on the recommendations in reference to a building in Area 12. Dr. C. F. O'Donnell submitted the following statement:

"There is a group planning to build a medical office building in Area 12, which is the redevelopment center, located within two blocks of our present building, where the State Office Building is going to be erected. Further, it will be within two or three blocks from the Jones Falls Expressway and other arteries out of the City. There will be ample parking facilities in this building and the immediate surrounding area. This group have been contacted and are willing to allow the Medical and Chirurgical Faculty to purchase a 20 to 40 per cent interest in the five million dollar building that they plan to build. To do this will require a two hundred to five hundred thousand dollar down payment, depending on the percentage of the total that the Society would decide it wished to purchase at the time of construction. The balance due on the mortgage which would be from one to two million would be self-liquidating as the income from the rental from the offices in the building would liquidate the mortgage within the next twenty years.

"During this time we would pay our share of the rent for the space occupied, and any surplus over the mortgage payment and our share of the income of the building would be applied to the general fund of the Society. At the end of twenty years we would then own, depending on what percentage we purchased, one to two million dollars in stock in this medical office building. It is estimated that at the end of that time our income from that stock should be enough to run our Faculty without any dues, or at least with a minimum amount of dues.

"It is fully realized that this plan does not offer immediate relief to our problem, but it does offer a sound basis for permanent relief in the future. This building would have all the facilities, and more than now exist in our present building. This building will be built whether we participate or not."

If there is strong opposition by the Component Societies to any one of these nine recommendations, the Steering Committee is to be notified and a special meeting of the Planning

Committee is to be called before May 1, 1957. (This was not necessary.)

Respectfully submitted,
 WARFIELD M. FIROK, M.D., *Chairman*
 JAMES ANDREWS, M.D.
 JOHN M. BLOXOM, III, M.D.
 MERRILL M. CROSS, M.D.
 LESLIE E. DAUGHERTY, M.D.
 A. C. DICK, M.D.
 EVERETT S. DIGGS, M.D.
 C. REID EDWARDS, M.D.
 W. L. ETIENNE, M.D.
 WETHERBEE FORT, M.D.
 MARTIN GROSS, M.D.
 J. ROY GUYTHER, M.D.
 THURSTON HARRISON, M.D.
 RALPH HORKY, M.D.
 ROBERT L. KIMBERLY, M.D.
 WILLIAM T. LAYMAN, M.D.
 WALLACE OBENSHAIN, M.D.
 CHARLES F. O'DONNELL, M.D.
 ROBERT A. RILEY, JR., M.D.
 NORMAN E. SARTORIUS, JR., M.D.
 THEODORE SATTELMAIER, M.D.
 JAMES B. THOMAS, M.D.
 HUGH W. WARD, M.D.
 ROBERT WRIGHT, M.D.

TO DATE, 3 COMPONENT MEDICAL SOCIETIES HAVE NOT APPOINTED REPRESENTATIVES TO THE PLANNING COMMITTEE

FACT-FINDING COMMITTEE TO INVESTIGATE POSTGRADUATE EDUCATION

(Appointed by the President of the Faculty as authorized by the House of Delegates, September 1954.)

Mr. President and Members of the House of Delegates:

I wish to report to you that during the past year nothing has been accomplished by this Committee.

Respectfully submitted,
 EDWIN H. STEWART, JR., M.D., *Chairman*
 HOWARD M. BUBERT, M.D.
 C. LOCKARD CONLEY, M.D.
 LAURISTON L. KEOWN, M.D.
 BENDER B. KNEISLEY, M.D.
 HARRY M. ROBINSON, JR., M.D.

PROFESSIONAL CONDUCT COMMITTEE (1956)

Mr. President and Members of the House of Delegates:

Two meetings of this Committee were held in 1956, one on February 16th and the other on April 19th.

At both these meetings various cases were discussed, most of these at the April 19th meeting, being the ones not reached on February 16th. All told in the two meetings there were 15

to 18 complaints. Most of them of no great importance and rather easily adjusted by correspondence of the Secretary of the Society with the doctor and the complainant. The most important case discussed was that of a dispute between the Anne Arundel County General Hospital and a member or ex-member of the staff. This subject was discussed at both meetings and at the April 19th meeting, the Professional Conduct Committee pointed out that it does not feel that it can enter into a dispute which is apparently occurring between a physician and a hospital, that this Committee has no authority in any action that the hospital Board of Trustees may take. It was pointed out that the physician might appeal to the Board of Trustees and, if he is dissatisfied with their ruling, could institute legal proceedings. The Secretary was directed to so write the complaining doctor.

At the April 19th meeting it was recommended that grievances be referred to the component societies unless the component societies request action by the Professional Conduct Committee of the Medical and Chirurgical Faculty. This recommendation was passed by the House of Delegates on May 4th, 1956 and subsequent to this action, although 11 cases were referred, there were no requests from component societies, hence no meetings were held in the remainder of 1956.

Respectfully submitted,
WALTER D. WISE, M.D. (President in 1951), Chairman
ALAN M. CHESNEY, M.D. (President in 1952)
MAURICE C. PINCOFFS, M.D. (President in 1953)
BENDER B. KNEISLEY, M.D. (President in 1954)
GEORGE H. YEAGER, M.D. (President in 1955)
WARFIELD M. FIROR, M.D. (Chairman of Council in 1956)

PROFESSIONAL CONDUCT COMMITTEE (1957)

Mr. President and Members of the House of Delegates:

It has been necessary to hold only one meeting of the Committee during the period covered by the report. As this meeting, which was held on February 13th, seven complaints were considered. Of these two were decided not to come within the province of the Committee and the complainants so notified. One was closed, one was referred to the State Licensing Board, and three are still pending.

Respectfully submitted,
ALAN M. CHESNEY, M.D. (President in 1952) Chairman
MAURICE C. PINCOFFS, M.D. (President in 1953)
BENDER B. KNEISLEY, M.D. (President in 1954)
GEORGE H. YEAGER, M.D. (President in 1955)
WILLIAM H. F. WARTHEN, M.D. (President in 1956)
WARFIELD M. FIROR, M.D. (Chairman of Council in 1956)

COMMITTEE ON PUBLIC INSTRUCTION

Mr. President and Members of the House of Delegates:

This Committee has been active in furnishing information relative to medical problems of general public interest by means of the press, radio, and television. A liaison committee was

formed to correlate the various audio-visual programs between the University of Maryland, the Johns Hopkins University, the Medical and Chirurgical Faculty and the Baltimore City Health Department so that there would not be repetition in the programs offered. Your Chairman has been called in consultation on matters of publicity on several occasions relative to audio-visual programs. Through Dr. Williams' cooperation, the visiting nurses program has been active in the disseminating of information throughout the State.

The Speakers Bureau of the Baltimore City Medical Society, of which Dr. Hanford Hopkins is the chairman, has been active in furnishing speakers to various lay organizations in this part of the State.

Recommendation

The major recommendation to be made by our Committee is the screening through the Committee of various articles on medical interest which are published in the lay press. It is our belief that such a screening process would reduce the amount of misinformation which is frequently published.

Respectfully submitted,
HARRY M. ROBINSON, JR., M.D., Chairman
JAMES FEASTER, M.D.
H. HANFORD HOPKINS, M.D.
LAURISTON L. KEOWN, M.D.
WILLIAM T. LAYMAN, M.D.
E. T. LISANSKY, M.D.
RICHARD B. NORMENT, III, M.D.
HAROLD B. PLUMMER, M.D.
E. RODERICK SHIPLEY, M.D.
R. CARMICHAEL TILGHMAN, M.D.
THOMAS E. WHEELER, M.D.
HUNTINGTON WILLIAMS, M.D.
RICHARD J. WILLIAMS, M.D.

COMMITTEE TO CONSIDER THE RELATIONSHIP BETWEEN HOSPITALS AND SPECIALTIES AND THE MANNER OF PAYMENT FOR PROFESSIONAL SERVICES

(Appointed in 1951, as authorized by Council, February 1951. The last three appointed by Maryland-District of Columbia Hospital Association.)

Mr. President and Members of the House of Delegates:

No cases were referred to the Committee by the Faculty President during the past year.

The Committee Chairman was approached by an individual concerning the matter of payment of fees and relationships with hospitals. He was informed that his problem might be referred to the Committee by the Faculty President if he wished to refer the matter to the Faculty. There was not a definite complaint about his own relationships with a hospital.

Recommendation

It is recommended that the Committee be continued in order that specialists as well as hospitals have a definite source of recourse

in the event of future discussion of the relationships or manner of payment for professional services under specialized fields.

Respectfully submitted,
WEBSTER H. BROWN, M.D., *Chairman*
E. HOLLISTER DAVIS, M.D.
HENRY L. WOLLENWEBER, M.D.
A. DOUGAL YOUNG, M.D.
MR. CARROLL D. HILL
MR. PARKER J. McMILLIN
MR. HARVEY H. WEISS

RESOLUTIONS COMMITTEE

Mr. President and Members of the House of Delegates:

Some confusion has arisen in the minds of some of us (at least in my mind) as to the function of our committee. Perhaps a word of explanation would clarify this in our minds and save some time, before we embark on the stormy course of considering the resolutions at hand.

The Resolutions Committee consists of five members chosen from the House of Delegates appointed annually by the President of the Medical and Chirurgical Faculty who shall also designate the Chairman.

According to Chapter VIII, Section 9 of the By-Laws which you all have on the yellow sheets entitled "Procedure for Presentation of Recommendations, Resolutions, Etc.," we are charged with the responsibility of *recommending* approval or disapproval of (1) Resolutions; (2) Recommendations which should by Council direction be formulated as resolutions; (3) New business involving a question of policy not previously considered by the Council of House of Delegates. We also have the privilege of changing the wording of a Resolution with sponsor approval. Time, as a rule, usually does not permit this. All directives, even in By-Laws, cannot spell out details of a method of operation, certain interpolation is necessary as long as the correct intent is kept in mind.

The purpose of the Committee is to give thoughtful consideration to resolutions, consider their constitutionality, grammatical correctness, expression of intent, and whether in a broad sense it is good or bad for the Faculty as a whole. The last is most important. Remember this is the opinion of a small Committee, we do not attempt to predict the feelings of the House in advance. We do not mind having our recommendations reversed. The House has the last word, as it should be. In other words, we can give you some food for thought on the resolutions, or, in still other words, some "angles" to consider in your deliberations and promote discussion from the floor.

Another purpose of our Committee is to prevent resolutions from being sprung on us from the floor and acted upon in haste. They must "go through the mill."

In the interest of finding the most expeditious way of handling our recommendations we have experimented in previous meetings.

At first we recommended approval or disapproval without giving our reasons for same. This seemed a most sterile and impotent method.

Next we gave our recommendations with reasons for same and actually put the motion for approval or disapproval in

the form of a Committee report. This led to confusion because we voted on a Committee report instead of directly on the Resolution. Some of us were confused when we voted as to whether we were voting for or against the Resolution.

Still in the interest of finding the best way to do things, this time we will recommend approval or disapproval with our reasons for same, and just stop there. The rest will be up to the House with motions from the floor.

Resolutions may be amended from the floor in the usual manner.

It was previously moved by the Constitution and By-Laws Committee that "the Nominating Committee shall consist of the five most recent living past presidents, with the senior past president to be the chairman."

This motion was not carried at the September 1956 meeting, instead it was recommended that "the Nominating Committee consist of the two most recent living past presidents, the senior of whom shall be the chairman, and three members to be elected by the House of Delegates at the semiannual meeting." This motion was carried.

The Resolutions Committee is considering this matter because it was referred to it by the Executive Committee and Council.

Considerable discussion in our Committee meeting brought forward the following points: First, that the Committee members should come from different geographic areas or different component societies so that the group would be more representative of the State. Second, of course, is that the will of the House of Delegates be referred to the Constitution and By-Laws Committee for proper formulation into the necessary change in the By-Laws.

Our Committee feels it has no right to alter this recommendation as actually worded by previous action of the House. We cannot do this without prior approval of the sponsor; and you are, in effect, the sponsor.

We therefore submit to you the following Resolution:

BE IT RESOLVED, that the Nominating Committee consist of the two most recent living past presidents, the senior of whom shall be the chairman, and three members to be elected by the House of Delegates at the semiannual meeting.

The following Resolution re: Policy for Council on recommendation of fees and newspaper releases, submitted by the Montgomery County Medical Society, was discussed by your Committee:

Whereas, an Associated Press dispatch originating from Baltimore on February 27 and 28, 1957 proposed a \$3.00 top fee for a Polio Shot, and,

Whereas this dispatch was widely disseminated to the public by means of radio, television and the press, and

Whereas said dispatch created a great deal of confusion, dissatisfaction and agitation in this area, not only among members of the medical profession, but between patients and doctors as well, and

Whereas the Council of the Medical and Chirurgical Faculty is credited with having made this news release on a suggested top fee without the knowledge or consent of the component County Medical Societies, and

Whereas conditions vary from county to county in their problems regarding fees, such as Montgomery and Prince

Georges Counties being an integral part of the Greater Metropolitan Washington area, and,

Whereas this unfortunate news release has done much harm in our relations with the public and with adjoining component Medical Groups of the American Medical Association, now,

Therefore Be It Resolved: That the Montgomery County Medical Society go on record in voicing its disapproval of this action by the Council, and,

Be It Further Resolved that immediate steps be taken by the Faculty to prevent a recurrence of such action, pertaining to policy or fees, without the knowledge and right of each component County Society to voice an opinion prior to its adoption and publication.

The Committee feels that the Council acted in good faith, with the best interest of the Society in mind. It acted also with urgency, considering the possibility of imminent unfavorable publicity. The release of the unabridged Newsletter re Polio was an unfortunate mistake.

The Resolution under consideration states in effect that "something be done to prevent recurrence" without stating specifically what steps be taken. The Resolutions Committee feels that certain changes proposed by the Planning Committee, i.e., the appointment of an Executive Secretary with duties as Publicity Director, might be a step in the right direction.

The Resolutions Committee recommends approval of the above stated Resolution.

The Resolutions Committee discussed the following Resolution submitted by Dr. H. F. Klinefelter, Jr. re: Physicians Identification Tags (Removal of Blue Cross Tags):

WHEREAS, public relations of the medical profession is at a low ebb and needs to be improved, and

WHEREAS, the physicians' Blue Cross or other similar identification tags are not required and since there is no good reason why physicians should be identified when other professions are not, and

WHEREAS, wearing such Blue Cross does not bestow any particular advantages but many potential disadvantages, both to the physician and to the medical profession, such as: first, making the physician's car more liable to burglary because of the knowledge of the burglar that drugs or valuables are probably inside the car; secondly, resentment created by the public observing the Blue Cross on an expensive car or observing the Blue Cross on any car if the driver is guilty of a breach in motoring etiquette; thirdly, the increasing tendency of state policemen to arrest physicians whose cars are so marked when they are driving outside of the state; fourthly, the increased likelihood of becoming involved legally, unless one is very wary, when the physician's car is stopped to render first aid at the scene of an accident.

BE IT RESOLVED, that the physicians of Maryland be urged to remove the Blue Cross or similar identification tags from their automobiles or keep such identification tags in the glove compartments of their cars to be used when necessary. It is suggested that these tags be placed in the windshield or be clamped on the sun visors which can be deflected downward when identification is necessary.

The Resolutions Committee felt that this matter is up to

the individual physician to decide and actually needs no sanction of the House of Delegates.

The Resolutions Committee recommends disapproval of this Resolution.

The Resolutions Committee reviewed the following Resolution submitted by the Baltimore County Medical Association re: Program for prevention of automotive highway disasters:

WHEREAS, the medical profession is fully aware of the appalling death rate and maiming of human bodies on the highways, and

WHEREAS, concurring with the World Medical Association that it is the duty and responsibility of the medical profession in every country of the world to assist in the preservation and maintenance of human life, and

WHEREAS, a medical problem of grave responsibility rests upon the profession which has been neglected, therefore

BE IT RESOLVED that a program be presented and approved to protect the public from automotive highway disasters, caused by the motor vehicle driver.

This Resolution asks our Organization to present a program re automotive highway disasters. It is felt, although this is an important issue, the Medical and Chirurgical Faculty is not equipped to present an effective and far-reaching program of this kind. It is not within the scope of our Organization. Such a program can best be handled by existing agencies already charged with this task.

The Resolutions Committee recommends disapproval of this Resolution in its present form.

The Resolutions Committee discussed the following Resolution submitted by the Baltimore County Medical Association re: Insurance plans with closed-panel aspects:

WHEREAS, it has come to the attention of the Baltimore County Medical Association that several insurance plans with closed-panel aspects are being considered by organizations within the State of Maryland which are not physician sponsored, and

WHEREAS, the Baltimore County Medical Association supports the present, proper patient-physician relationship on a fee-for-service basis and favors its continuance, therefore

BE IT RESOLVED that the Baltimore County Medical Association respectfully request the Medical and Chirurgical Faculty of Maryland to bring this matter to the attention of the entire membership for their consideration.

This Resolution merely asks that a matter be brought before this Organization. Certainly, we can find no fault with this request.

The Resolutions Committee recommends approval of this Resolution.

The following Resolution submitted for the Dermatology Section of the Baltimore City Medical Society by Dr. Raymond C. V. Robinson, delegate from the Baltimore City Medical Society in re: Representation of the various medical and surgical specialties on the Board of Trustees of the Maryland Medical Service, was reviewed:

WHEREAS in the past, Dermatologists have not been consulted regarding fee schedules of the Maryland Medical Service, problems have arisen regarding fees, and it is proposed that the Chairman of the Council be advised as to the desir-

ability of representing the various medical and surgical specialties on the Board of Trustees of the Maryland Medical Service.

It is further specifically recommended that the specialty of dermatology be so represented.

The above Resolution was not approved in its present form because it specifically binds the President of the Council to appoint a dermatologist to the Board of Trustees of the Maryland Medical Service, Inc. If such a Resolution were carried to its logical conclusion, many other specialist groups could also request such representation. There are more specialties than there are members of the Board of Trustees of the Maryland Medical Service. A more acceptable recommendation would state that instead of requiring a dermatologist be on the Board, that a dermatologist be considered for membership on the Board.

The Resolutions Committee recommends disapproval of this Resolution in its present form.

Respectfully submitted,
ROBERT VANL. CAMPBELL, M.D., *Chairman*
M. MCKENDREE BOYER, M.D.
ERNEST I. CORNBROOKS, JR., M.D.
MELVIN B. DAVIS, M.D.
ROBERT W. FARR, M.D.

COMMITTEE ON RURAL MEDICINE

Mr. President and Members of the House of Delegates:

This Committee has held no meetings during the past year, and has not presented any demonstrations or exhibits to the public.

Due to the planned revisions of Committees of which this Committee is one to be abolished or consolidated, it was felt by the members of this Committee, that no progress can be made until our recommendations of the previous year had been acted on by the House of Delegates, and the status of our Committee has been settled.

Respectfully submitted,
ARCHIE R. COHEN, M.D., *Chairman*
SHEPARD KRECH, JR., M.D.
MARTIN M. ROTHSTEIN, M.D.
WALTER H. SHEALY, M.D.
GORDON M. SMITH, M.D.
HUGH W. WARD, M.D.

MARYLAND ADVISORY COMMITTEE TO SELECTIVE SERVICE

Mr. President and Members of the House of Delegates:

This Committee has kept in close contact with the director of the Maryland branch of the Selective Service Headquarters and has had correspondence with many local boards and with medical advisory committees in other states.

The Armed Services continue to require a number of young physicians each year and it appears that this will continue for an indefinite period. Your Committee has endeavored to assist the local boards in meeting their quotas of physicians while attempting to prevent the disruption of hospital and medical practice services through the loss of manpower. In some in-

stances there have been unavoidable disruptions in hospital and medical school teaching services but this Committee is not aware that any locality has been seriously deprived of medical care because of the needs of the Armed Services for physicians. The local boards and the National Advisory Committee have all been most cooperative in helping to preserve these functions.

Respectfully submitted,
JOHN W. PARSONS, M.D., *Chairman*

ADVISORY COMMITTEE TO THE STATE ACCIDENT FUND

Mr. President and Members of the House of Delegates:

There have been no requests from the State Accident Fund for a meeting of this Committee so there is no report at this time.

Respectfully submitted,
RAYMOND E. LENHARD, M.D., *Chairman*
JAMES G. ARNOLD, M.D.
JOHN W. ASHWORTH, M.D.
GEORGE O. EATON, M.D.
DONALD B. GROVE, M.D.
H. ALVAN JONES, M.D.
JAMES R. KARNS, M.D.
HOWARD M. KERN, M.D.
JOHN O. ROBBEN, M.D.
S. JACK SUGAR, M.D.
CHARLES C. ZIMMERMAN, M.D.

COMMITTEE TO CONSULT WITH THE STATE DEPARTMENT OF HEALTH (1956)

(The Committee to consist of the President, the President-elect, two past Presidents, the Secretary and four general practitioners, appointed by the President, of which one represents the Maryland Academy of General Practice.)

Mr. President and Members of the House of Delegates:

The one meeting of the year of this Committee was held on the afternoon of April 13, 1956. Those present were:

Committee Members:

Dr. Archie R. Cohen	Dr. Charles F. O'Donnell
Dr. Everett S. Diggs	Dr. Edward C. H. Schmidt
Dr. Bender B. Kneisley	Dr. Walter D. Wise
Dr. Robert S. McCeney	

Dr. William H. F. Warthen, Chairman, presided and Dr. Archie R. Cohen served as secretary.

Guests:

Dr. Perry F. Prather, Director, State Department of Health
Dr. Edward S. Davens, Deputy Director, State Department of Health
Dr. Louis Welty, Health Officer, Talbot County
Dr. J. Edmund Bradley, Representative of Medical and Chirurgical Faculty on the Polio Vaccine Program

Dr. John A. Askin, President, Maryland Academy of Pediatrics

Dr. Warthen, in stating the purpose of the meeting, said: "Many questions are coming to me from members of the Component Medical Societies concerning policies now adopted and in effect by the Maryland State Department of Health with regard to the distribution of poliomyelitis vaccine. The chief concern is that there is a need for clarification of the amount and geographical distribution of the poliomyelitis vaccine distributed throughout the State with reference to the percentage used by health departments versus that available to private physicians in their practice."

Dr. Prather stated that Dr. Edward S. Davens was designated by the Health Department, to follow the poliomyelitis vaccine program. The United States Government has appropriated sufficient funds to purchase 30 per cent of the available vaccine and, in the act empowering this, there was the provision that no one should be denied the vaccine if the individual should request it. No means test is to be used in the administration of the vaccine. A plan has been drawn up for the distribution of the vaccine.

Dr. Davens described the plan as follows:

1. A voluntary plan of distribution was decided upon in conference in Washington, D. C. by the Manufacturers, the American Medical Association, and Health Authorities.

2. An Intra-State plan was set up, under the direction, of Governor Theodore R. McKeldin, under the direction of the State Department of Health.

3. An advisory committee was set up to discuss this, and a plan formulated for the distribution of the poliomyelitis vaccine in the State of Maryland, with the following apportionment:

Thirty per cent of the available vaccine to be designated for Health Department use, and 70 per cent of the vaccine to be designated for private physicians, to be available through commercial channels.

4. The program resumed on a full scale basis on November 1, 1955, after the U. S. Government had withdrawn approval of the vaccine on May 8, 1955. The vaccine again became available in limited amounts about August, 1955.

5. The vaccine is not released until minimum standards for safety are met. These standards are designated by a Committee set up by Federal authorities. These standards are amended from time to time, and, therefore, the manufacturers must set up new methods of testing, before releasing the vaccine and thus cutting down on the availability of the vaccine. The last amendment, fourth in number, was promulgated on November 15, 1955. There have been 21 releases of vaccine to April 11, 1956.

6. Allocated to Maryland, in these 21 releases to April 11, 1956: 486,492 cc. of which 27 per cent or 132,332 cc. was designated for Health Department use, and 73 per cent or 354,160 cc. designated for use by private physicians, and available through commercial channels. This does not include the original inoculations of the vaccine by the Health Department, under authority of the National Foundation for Infantile Paralysis. All of the above vaccine has not been delivered to date, either to the Health Department or to commercial outlets, because of necessary time lag, between authority for

release by the Federal Government and the shipment by the Manufacturer.

7. As the reports from individual physicians are received after the 2nd dose of the vaccine has been administered, these figures are tabulated, to determine whether or not there is an equitable distribution of the vaccine, according to population statistics of the 24 areas of the state, this being made up of Baltimore City and the 23 Counties.

8. Because of the failure of parents to accept the program in various areas of the State, and enthusiastic response of the parents in various other areas of the State, the problem had become one of redistribution of the vaccine, as to demand, and not as much as to population requirements.

9. The demand, recently has become more equalized, and the distribution will again be controlled on a population basis.

10. Baltimore City and Baltimore County seem to have received a larger percentage of the vaccine than would seem equitable as to population. Caroline and Calvert Counties seem to have received a smaller percentage than would seem equitable. This, of course, had been on the basis of demand and not on availability. The latter two counties have not seemed to demand the vaccine.

11. The Advisory Committee of the Poliomyelitis Vaccine Program for the State of Maryland has recommended and advised all interested that the 3rd dose not be given until all the children in the susceptible age group 1 year to 16 years inclusive (750,000 children are listed in this group) have received their first and second dose of the vaccine.

12. It is felt by the State Advisory Poliomyelitis Committee that the 1st dose of the poliomyelitis vaccine not be given during the poliomyelitis season, and the third dose, possibly omitted or delayed during the season. However, this problem is being studied at present.

13. There has been in the State of Maryland, during the year 1956 to date, but one true case of paralytic poliomyelitis, that of a 28-year-old woman, who died of bulbar poliomyelitis, and whose children have not received any vaccine. Therefore, this case could not be blamed on the vaccine.

14. Of the susceptible group of children 1 to 16 years, thirty-five per cent of this group received 1 or 2 doses, twenty-five per cent received 2 doses.

Dr. O'Donnell inquired whether or not it is true that the Health Department of Baltimore City had sent a communication home to the parents of school children, inquiring if the poliomyelitis vaccine is desired for their children, and if it is desired, it would be administered in the schools.

Dr. Davens stated that since prophylactic immunizations such as smallpox vaccination and administration of diphtheria toxoid had been given in the schools, it was naturally felt that the continuance of prophylactic inoculations, such as poliomyelitis vaccine, could be handled in the same manner. Dr. Davens then added that the future supply of the vaccine is problematical. Mr. Basil O'Connor of the National Foundation for Infantile Paralysis feels that there will be a veritable flood of the vaccine after June 1 of the year, while Secretary Folsum of the Department of Health, Education, and Welfare feels that the supply is limited and will remain limited.

Dr. Bradley spoke of the use of out-dated vaccine and said the State Advisory Poliomyelitis Committee feels that vac-

cine outdated as much as two months may be safely used, provided that the vaccine has been kept refrigerated at all times.

Dr. Warthen inquired of Drs. Prather, Davens and Bradley if they felt that our committee may be of general help in advising the practicing physicians of the State of Maryland, of the difficulties presented in the availability and distribution of the vaccine.

Drs. Prather, Davens and Bradley all felt that this would be an excellent suggestion, and quite authoritative.

Dr. Warthen then presented in detail S.B. 2501 which authorized the Salk Vaccine Program.

Dr. Davens stated that at the present time, according to available information, one-third of the age group 1 to 16 has been inoculated with the vaccine, and the Health Department has not used any means test in administration of the vaccine, since S.B. 2501 specifically requires that no means test be used. Further, the Health Department has recommended to all parents, that their private physicians administer the vaccine.

The Committee then went into Executive Session at 5:45 p.m., with all members present except Dr. Walter D. Wise.

Dr. Warthen inquired of the members present whether the Advisory Committee to the State Department of Health is of value, and should continue in structure and function, or should the committee be abolished by the Medical and Chirurgical Faculty.

Dr. Kneisley felt that there are areas where problems may arise and need discussion with the Health Department, and that we as a Committee can then report to the Faculty.

Dr. Diggs, as Chairman of the Committee to Study Committees, had recommended that the Committee be abolished since the Committee has functioned little since it was formed six years ago. He stated further that Dr. Prather, conferring with Dr. Diggs today, feels that the Committee is of value.

Dr. O'Donnell was of the opinion that through this Committee the private physician, on a State-wide basis, would be in contact with the Health Department, and that this Committee should be continued as an integral committee of the Faculty. It was so recommended by him.

Dr. Kneisley felt that the Committee should be continued because the problems which will arise can be studied better by a committee than at an open meeting of the House of Delegates of the Faculty. This Committee should not be construed as a watch-dog committee but should have as its prime purpose the continued good relations and improvement of relationships between the private physician and the Health Department.

Recommendations

(Adopted by House of Delegates May, 1956)

1. The committee then authorized Dr. Charles F. O'Donnell, a member of this committee, and also having the privilege of the floor at the House of Delegates, as a delegate, to move from the floor of the House of Delegates, that this committee be continued, rather than to accept the report of the committee to study committees, that this committee be abolished, and further add that this committee be authorized to meet on

the call of the President of the Medical and Chirurgical Faculty who should be the Chairman of the Committee, or at the request of the State Department of Health.

2. That the name of this committee be changed to read: A Committee To Consult with the State Department of Health.

3. That the State Health Department, be requested through appropriate channels, promptly to disseminate changes in procedure or policy, of interest to physicians, to all physicians in the state of Maryland.

4. It is recommended that the Health Department officials refrain from public statements that poliomyelitis vaccine is available in their clinics, until such time as sufficient vaccine is available to the private physicians.

Respectfully submitted,

WILLIAM H. F. WARTHEN, M.D., *Chairman*,
(*President*, 1956)

BENDER B. KNEISLEY, M.D. (*President*, 1954)

WALTER D. WISE, M.D. (*President*, 1951)

C. REID EDWARDS, M.D. (*President-elect*, 1956)

EVERETT S. DIGGS, M.D. (*Secretary*, 1957)

Four General Practitioners:

ARCHIE R. COHEN, M.D.

ROBERT S. MCCENEY, M.D.

CHARLES F. O' DONNELL, M.D. (*Maryland Academy of General Practice*)

EDWARD C. H. SCHMIDT, M.D.

COMMITTEE TO CONSULT WITH THE STATE DEPARTMENT OF HEALTH (1957)

(The Committee to consist of the President, the President-elect, two past Presidents, the Secretary and four general practitioners, appointed by the President, of which one represents the Maryland Academy of General Practice.)

Mr. President and Members of the House of Delegates:

There has been no meeting of this Committee since January 1, 1957. There has been no request by the State Department of Health or by any member of this committee to call a meeting.

Respectfully submitted,

BENDER B. KNEISLEY, M.D., *Chairman* (*President*, 1954)

WILLIAM H. F. WARTHEN, M.D. (*President*, 1956)

CHARLES REID EDWARDS, M.D. (*President*, 1957)

J. SHELDON EASTLAND, M.D., *President-elect*

EVERETT S. DIGGS, M.D. (*Secretary*, 1957)

Four General Practitioners:

DAVID H. ANDREW, M.D.

ARCHIE R. COHEN, M.D.

MERRILL M. CROSS, M.D.

HAROLD B. PLUMMER, M.D. (*Maryland Academy of General Practice*).

TUBERCULOSIS COMMITTEE

Mr. President and Members of the House of Delegates:

1. Incidence of Disease

There was little change in number of new cases reported in 1956 as compared with 1955 and number of deaths in coun-

ties, excluding Baltimore City was 138 each year. In Baltimore City although new cases were (prov) 1162 in 1956 as compared to 1187 in 1955 there was an increase in deaths to 195 as compared to 178 in 1955. It bears repeating because of serious public health implication that many of the deaths occurred in persons who were not known or reported as cases of the until that time. It is urged that all new cases of tuberculosis be promptly reported.

2. Waiting Lists

During the year patients have been able to gain admission to State, and Baltimore City Hospitals within two weeks even allowing choice of hospitals to Baltimore City patients.

3. Chest X rays for General Hospitals Admissions

It is felt that a significant number of cases of tuberculosis as well as non-tuberculous chest and cardiac conditions are being missed in general hospital admissions. It is urged that efforts be made to x ray all such admissions. Routine chest x rays should be made on all patients prior to admission to nursing homes.

4. B.C.G. Vaccination

The committee recommends use of B.C.G. (Bacillus Calmette Guérin) attenuated bovine tubercle bacillus as vaccination against tuberculosis in selected groups of tuberculin negative persons with increased exposure to tuberculosis cases in a communicable state.

5. Education Concerning Tuberculosis

University of Maryland and Johns Hopkins University Schools of Medicine are both extending their educational program for Tuberculosis. Their programs include use of State, Baltimore City and Loch Raven VA Hospitals, for Junior and Senior classes.

6. Surgery in State Tuberculosis Hospitals

The Surgical Unit at Mt. Wilson Hospital is now in full use and operating under supervision of Department of Thoracic Surgery, University of Maryland School of Medicine.

7. Means Test

The committee re-affirmed the principle of no-means test for patients admitted to Tuberculosis Hospitals. It felt strongly that patients able to afford private physician care should not receive treatment and follow-up through local health departments. It is urged that all county and Baltimore City Health Departments continue to be guided by this policy and refer such patients to their own physicians (or physicians of their choice).

8. Baltimore City Health Department Re-Organization

The chairman met with Dr. Huntington Williams, Commissioner of Health, Baltimore City on 26 February 1957. Dr. Williams said that he had just received authority for some re-organization within the department. There would be a Division of Communicable Disease set up to include Venereal Disease, Tuberculosis and other Communicable Diseases. He also had been granted funds to augment his chest clinics.

When a new head of the Communicable Disease Division is appointed, Dr. Williams felt that a meeting could be held between members of the Baltimore City Health Department and representative members of this committee. Pertinent subjects for discussion would be arrangements for emergency hospitalization of tuberculosis patients; possibility of a mass chest survey of a portion or all of Baltimore City; and implementation of the new Baltimore City Health Department Regulation 3,8, August 1956, Control of Tuberculosis. This last regulation complements the 1955 State Regulation and assures legal backing for a more forceful approach to isolation of communicable tuberculosis, particularly in the case of recalcitrant persons.

The following are the recommendations:

1. Physicians should report new cases of tuberculosis promptly.
2. Chest X-rays should be taken on all admissions to general hospitals and on patients prior to admission to nursing homes.
3. Health department chest clinics should refer to private physicians tuberculosis patients able to pay for their care.
4. Use of B.C.G. vaccination in selected groups, of tuberculin negative persons with increased exposure to tuberculosis cases in a communicable state.
5. A stepped-up program of case finding and prompt isolation of cases of tuberculosis to control and eradicate this communicable and preventable disease.

Respectfully submitted,
EDMUND G. BEACHAM, M.D., Chairman
OTTO C. BRANTIGAN, M.D., Vice-Chairman
R. ADAMS COWLEY, M.D.
LEON H. HETHERINGTON, M.D.
MILTON B. KRESS, M.D.
JOHN E. MILLER, M.D.
LAWRENCE M. SERRA, M.D.
CHARLOTTE SILVERMAN, M.D.
HUGH G. WHITEHEAD, JR., M.D.
SAMUEL WOZMAN, M.D.

COMMITTEE ON VETERANS' MEDICAL CARE

Mr. President and Members of the House of Delegates:

Since the last annual report your committee has worked assiduously to increase its knowledge of the administration of the Veterans Administration, and especially of the Veterans Administration hospitals.

In addition to the facts presented last year, many more have been accumulated, which lead us to believe that a continuation of the present policies will lead us eventually into socialized medicine. Bills to broaden veterans benefits continue to occupy the attention of many members of Congress. There are a number of bills pending in the present Congress which would tend to broaden these benefits. (H.R. 330, H.R. 701, H.R. 917, H.R. 924, H.R. 929, H.R. 1143, H.R. 3972, and H.R. 3973 are some of them.) How many more will be introduced is anybody's guess! Four of these bills would increase to three years the period after separation from service when multiple sclerosis and psychoses (now two years each), malignant tumors and arthritis (now one year each), would be presumed to be service-connected. It was pointed out last year

that there is already a long list of diseases which are presumed to be service-connected if they appear within a certain specified period of time after separation from the service.

There are those who believe that veterans of all wars and their dependents should be given free medical care in VA hospitals. Bills have been introduced into Congress which would effect this. So far as we know, none are pending in the present Congress.

However, the bill for National Compulsory Health Insurance, which Harry Truman and Oscar Ewing tried so hard to get passed, has been re-introduced in the present Congress. We believe that this bill has little chance of passing. However, we do strongly believe that if the Veterans Administration is allowed to expand, we will eventually have socialized medicine thrust upon us through that channel. According to the best available figures, 87% of patients in veterans hospitals now have non-service connected disabilities. We believe the figure to be actually higher. It can be readily seen that if free VA care is allowed to expand, and especially if it is allowed to include all veterans and their dependents, more than half the population would be eligible for free medical care. What then would be the attitude of the rest of the population? Is it obvious that under such circumstances, it would be easy to pass the bill for National Compulsory Health Insurance.

There are already a number of free-rider VA patients, because no patient can be denied hospitalization if he states that he feels sick, even though all medical findings are to the contrary, and if he states that he cannot afford private hospital care. Under the provisions of this ruling, some of our "fine" citizens are spending their winters in Florida and their summers in the north, most of the time in VA hospitals.

The facts which have been accumulated during the last few years with regard to VA hospitals will not be repeated here, as they would make this report entirely too voluminous. They are a matter of record in the files of the Faculty, however, and can be perused by anyone who has the desire to do so. Based on these facts, your committee at a meeting on 19 February 1957 (with one member absent) unanimously voted to make certain recommendations to the Faculty. These are as follows:

1. *Stop Federal medical care of all veterans with non-service connected disabilities.*
2. *Abolish VA hospitals and have veterans with service-connected disabilities cared for by the Armed Forces hospitals or by local civil hospitals on a home-town care basis. U. S. Public Health hospitals might also be used to a limited extent.*
3. *If, and when, the VA hospitals are abolished, a study*

should be made from the State level as to the disposition of the VA hospital facilities. Consideration should be given to turning them over to the States, possibly as hospitals for tuberculous and neuropsychiatric patients.

4. *That the Medical and Chirurgical Faculty of the State of Maryland appoint a properly financed committee to investigate the cost of patient care in VA hospitals in the State of Maryland, as compared with the cost of patient care in civil hospitals. There is reason to believe that not only is the per diem cost higher (if all costs are included) but that the longer average stay of the patient in VA hospitals boosts the costs appreciably higher.*

5. *That the Medical and Chirurgical Faculty ascertain the number of additional hospital beds needed in Maryland if VA hospitals are disbanded, and that they encourage measures to provide such beds.*

6. *That the action of the Faculty be communicated to the American Medical Association.*

7. *That the Faculty make an organized effort to get Congressional action in order to consummate such of these aims as come within their province.*

Respectfully submitted,

AMOS R. KOONTZ, M.D., *Chairman*

ERNEST I. CORNBROOKS, JR., M.D.

ARTHUR KARFGIN, M.D.

WILLIAM D. LYNN, M.D.

S. EDWIN MULLER, M.D.

HARRY P. PORTER, M.D.

RAYMOND C. V. ROBINSON, M.D.

WILLIAM B. VANDEGRIFT, M.D.

GEORGE H. YEAGER, M.D.

ADVISORY COMMITTEE TO THE WOMAN'S AUXILIARY

Mr. President and Members of the House of Delegates:

The Executive Committee of the Council met on October 16, 1956, with a group from the Woman's Auxiliary and reassured them that it was not within its power, nor was it the intent of the Executive Committee, to dissolve the Auxiliary.

The division of secretarial work was discussed and temporarily settled.

Respectfully submitted,

WARFIELD M. FIROR, M.D., *Chairman*

C. REID EDWARDS, M.D., *President*

EVERETT S. DIGGS, M.D., *Secretary*

WETHERBEE FORT, M.D., *Treasurer*

1957 of the turn- ulous State inves- ate of civil e per onger costs in the nd if sures to the Con- aims man M.D. D. D. ates: tober d re- t the diary. tem- man nt ry er OFFICERS, COUNCILS, SPECIAL COMMITTEES, ETC.* 1957

(Reprinted from Annual Meeting Hand Book, 1957)

OFFICERS

President—C. Reid Edwards, Baltimore
Vice-Presidents—James T. Marsh, Westminster; A. C. Dick,
Chestertown; Richard W. TeLinde, Baltimore
Treasurer—Wetherbee Fort, Baltimore
Secretary—Everett S. Diggs, Baltimore

COUNCILORS

	Term Expires
Warfield M. Firor, <i>Chairman</i> , Baltimore.....	1957
Warde B. Allan, <i>A.M.A. Delegate, Vice-Chairman</i> , Baltimore.....	1958
Leo Brady, Baltimore.....	1957
Thomas A. Christensen, College Park.....	1957
Whitner B. Firor, Baltimore.....	1957
Clewell Howell, Towson.....	1957
Ross L. McLean, Baltimore.....	1957
Norman E. Sartorius, Jr., Pocomoke City.....	1957
Howard M. Bubert, Baltimore.....	1958
David J. Gilmore, Salisbury.....	1958
Albert E. Goldstein, Baltimore.....	1958
Ralph G. Hills, Baltimore.....	1958
A. Talbott Brice, Jefferson.....	1959
Leslie E. Daugherty, Cumberland.....	1959
E. W. Ditto, Jr., Hagerstown.....	1959
George H. Yeager, Baltimore.....	1959
C. Reid Edwards, <i>President</i> , Baltimore.....	1957
William H. F. Warthen, <i>Past-President</i> , Baltimore.....	1956
Wetherbee Fort, <i>Treasurer</i> , Baltimore.....	1957
Everett S. Diggs, <i>Secretary</i> , Baltimore.....	1957
President-elect.....	1958
Louis Krause, <i>Chairman of Library Committee</i> , Balti- more.....	1960
Robert vL. Campbell, <i>A.M.A. Delegate</i> , Hagerstown....	1957
W. Houston Toulson, <i>Chairman, Committee on Consti- tution and By-Laws</i> , Baltimore.....	1957

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

	Term Expires
Delegate—Warde B. Allan, Baltimore.....	1958
Alternate—H. Hanford Hopkins, Baltimore.....	1958
Delegate—Robert vL. Campbell, Hagerstown.....	1957
Alternate—William B. Long, Salisbury.....	1957

MEMBERS OF THE BOARD OF MEDICAL EXAMINERS*

	Term Expires
Samuel McLanahan, <i>President</i> , Baltimore.....	1960
Lewis P. Gundry, <i>Secretary-Treasurer</i> , Baltimore.....	1958
Henry T. Collenberg, Baltimore.....	1957
Norman E. Sartorius, Jr., Pocomoke City.....	1957
Wylie M. Faw, Cumberland.....	1958

* Under the State Law, terms of office of all members of Board shall be-
gin the first Tuesday in June of the year in which they are elected.

John H. Hornbaker, Hagerstown.....	1959
Frank K. Morris, Baltimore.....	1959
Walter C. Merkel, Baltimore.....	1960

COMMITTEES

The names of the members of the Committees follow at the end of each report.

The following Committees are listed as the names of the members are not given elsewhere in these Transactions:

CONSTITUTIONAL COMMITTEES

Finance Committee

AS PROVIDED IN THE CONSTITUTION AND BY-LAWS

(Five members, namely, the Chairman of the Council, the Treasurer, the Secretary, and two members of the Faculty appointed by the Chairman of the Council.)

WETHERBEE FORT, *Treasurer, Chairman*, Baltimore
EVERETT S. DIGGS, *Secretary*, Baltimore
WARFIELD M. FIROR, *Chairman of Council*, Baltimore
R. WALTER GRAHAM, JR., Baltimore
GRANT E. WARD, Baltimore

Executive Committee of the Council

AS PROVIDED IN THE CONSTITUTION AND BY-LAWS

(Chairman of the Council, President, Secretary and Treasurer.)

WARFIELD M. FIROR, *Chairman of Council*, Baltimore
C. REID EDWARDS, *President*, Baltimore
EVERETT S. DIGGS, *Secretary*, Baltimore
WETHERBEE FORT, *Treasurer*, Baltimore

The House Committee

AS PROVIDED IN THE CONSTITUTION AND BY-LAWS

(Executive Committee plus the Chairman of the Library Committee.)

WARFIELD M. FIROR, *Chairman of Council*, Baltimore
C. REID EDWARDS, *President*, Baltimore
EVERETT S. DIGGS, *Secretary*, Baltimore
WETHERBEE FORT, *Treasurer*, Baltimore
LOUIS KRAUSE, *Chairman Library Committee*, Baltimore

* * * *

HONOR ROLL

The following Component Societies rated 100%, as all members paid their dues and assessments on or prior to January 31, 1957:

Cecil County
Charles County
Kent County
Queen Anne's County
St. Mary's County
Somerset County
Talbot County
Washington County

OFFICERS, DELEGATES, MEETING TIME, ETC., OF COMPONENT MEDICAL SOCIETIES, 1957

(Reprinted from Annual Meeting Program, 1957)

ALLEGANY-GARRETT COUNTY. *President*—Benedict Skitarellic, Cumberland; *Vice-President*—Hilda Jane Waters, Frostburg; *Secretary*—David H. Miller, Cumberland; *Treasurer*—Thomas F. Lewis, Cumberland; *Delegates*—Donald B. Grove, Cumberland, W. Alfred VanOrmer, Cumberland; *Alternate Delegates*—Carlton Brinsfield, Cumberland, Arthur F. Jones, Oakland; *Journal Representative*—Leslie E. Daugherty, Cumberland; *Meetings*—Monthly.

ANNE ARUNDEL COUNTY. *President*—Gustav H. Faubert, Glen Burnie; *Vice-President*—Randall McLaughlin, Pasadena; *Secretary-Treasurer*—J. Howard Beard, Annapolis; *Delegate*—John G. Lyons, Annapolis; *Alternate Delegate*—Merton T. Waite, Annapolis; *Journal Representative*—Stuart Christliff, Jr., Annapolis; *Meetings*—Quarterly.

BALTIMORE CITY. *President*—Francis J. Geraghty; *First Vice-President*—Whitmer B. Firor; *Second Vice-President*—Samuel Whitehouse; *Secretary*—John N. Classen; *Treasurer*—Robert C. Kimberly; *Journal Representative*—Conrad Acton; *Representatives to the Executive Board*—Houston S. Everett (1956-1957), William L. Garlick (1956-1957), Theodore H. Morrison (1956-1957), John Sheldon Eastland (1957-1958), H. Hanford Hopkins (1957-1958), John Tilden Howard (1957-1958), Grant E. Ward, ex officio (1957).

Meetings—First Friday of each month, October through March.

BALTIMORE COUNTY. *President*—William A. Pillsbury, Jr., Timonium; *Vice-President*—Clarence E. McWilliams, Reisterstown; *Secretary-Treasurer*—Charles Lee Randol, Pikesville; *Delegates*—Melvin B. Davis, Dundalk, Charles F. O'Donnell, Towson, Martin E. Strobel, Reisterstown; *Alternate Delegates*—H. Herbert Morrison, Dundalk, Louis Z. Dalmau, Pikesville, George S. M. Kiefer, Baltimore County; *Journal Representative*—Samuel P. Scalia, Pikesville; *Meetings*—Third Wednesday of each month, except July.

CALVERT COUNTY. *President*—Roberto deVillarreal, Prince Frederick; *Vice-President*—Hugh W. Ward, Owings; *Secretary-Treasurer*—George J. Weems, Huntingtown; *Delegate*—Page C. Jett, Prince Frederick; *Alternate Delegate*—Hugh W. Ward, Owings; *Journal Representative*—Page C. Jett, Prince Frederick; *Meetings*—On call of President.

CAROLINE COUNTY. *President*—Robert Kingsbury, Federalsburg; *Vice-President*—Charles H. Winnacott, Ridgely; *Secretary-Treasurer*—Edwin G. Riley, Denton; *Delegate*—Robert Wright, Greensboro; *Alternate Delegate*—Frank M. Anderson, Federalsburg; *Journal Representative*—Robert Wright, Greensboro; *Meetings*—On call.

CARROLL COUNTY. *President*—Martin Gross, Sykesville; *Vice-President*—Wilbur G. Speicher, Westminster; *Secretary-Treasurer*—William B. Culwell, Mount Airy; *Delegate*—R. S. McVaugh, Taneytown; *Alternate Delegate*—Merritt Robertson, New Windsor; *Journal Representative*—Julius Chepko, Westminster; *Meetings*—First Wednesday—January, March, May, September and November. When there is conflict with State meeting or a holiday, postponed to the third Wednesday.

CECIL COUNTY. *President*—H. Vincent Davis, Chesapeake City; *Vice-President*—Wallace H. Sadowsky, Perryville; *Secretary-Treasurer*—Klaus H. Huebner, North East; *Delegate*—Seymour Goldgraben, Perry Point; *Alternate Delegate*—Richard C. Dodson, Rising Sun; *Journal Representative*—Milford H. Sprecher, Elkton; *Meetings*—Every second Tuesday of each month at Union Hospital, Elkton.

CHARLES COUNTY. *President*—John H. Griffin, Hughesville; *Vice-President*—Frank A. Susan, Indian Head; *Secretary-Treasurer*—J. Parran Jarboe, LaPlata; *Delegate*—Edward J. Edelen, LaPlata; *Alternate Delegate*—Frederick M. Johnson, LaPlata; *Journal Representative*—J. Parran Jarboe, LaPlata; *Meetings*—Second Thursday every month at Jarwood Clinic, LaPlata.

DORCHESTER COUNTY. *President*—Wilbur N. Baumann, Cambridge; *Vice-President*—Kenneth B. Jones, Church Creek; *Secretary-Treasurer*—Lewis M. Burdette, Cambridge; *Delegate*—William H. Hanks, Cambridge; *Alternate Delegate*—Albert E. Bunker, Cambridge; *Journal Representative*—Alfred R. Maryanov, Cambridge; *Meetings*—Monthly.

FREDERICK COUNTY. *President*—James B. Thomas, Frederick; *Vice-President*—Jesse S. Fifer, Frederick; *Secretary*—Albert M. Powell, Jr., Frederick; *Treasurer*—John McC. Culler, Frederick; *Delegate*—Louis R. Schoolman, Frederick; *Alter-*

1956-1957

Delegates	Alternates
Robert C. Abrams	Albert R. Milan
Walter A. Anderson	Richard Nelson Tillman
Philibert Artigiani	William D. Lynn
Walter B. Buck	John W. Chambers
William E. Gilmore	Robert M. N. Crosby
Jacob C. Handelsman	E. P. Coffay, Jr.
I. Bradshaw Higgins	Ruth W. Baldwin
Robert W. Johnson, III	Mary L. Hayleck
Henry J. L. Marriott	Norman R. Freeman, Jr.
Nathan E. Needle	Thomas E. Van Metre, Jr.
Samuel T. R. Revell, Jr.	Milton B. Kress
Martin L. Singewald	William F. Pearce
Douglas H. Stone	J. Elliott Levi
J. Frank Supplee, III	James J. Gerlach

1957-1958

Helen Bowie	Joseph B. Workman
Ernest C. Brown, Jr.	Lester A. Wall, Jr.
Ernest I. Cornbrooks, Jr.	Theodore Kardash
D. McClelland Dixon	John S. Haines
William E. Grose	Roy O. Scholz
R. Donald Jandorf	William F. Cox, III
George A. Knipp	Alan C. Woods, Jr.
Franklin E. Leslie	John J. Tansey
Howard B. Mays	John M. Spence, Jr.
James N. McCosh	Hammond J. Dugan, Jr.
Samuel Morrison	David R. Will
Raymond C. V. Robinson	Lawrence M. Serra
E. Roderick Shipley	John L. Peck
Edward Stinson, Jr.	William G. Helfrich

nate Delegate—Henry V. Chase, Frederick; *Journal Representative*—Louis R. Schoolman, Frederick; *Meetings*—Third Tuesday of each month—evenings.

HARFORD COUNTY. *President*—Paul Stonesifer, Bel Air; *Vice-President*—William K. Brendle, Havre de Grace; *Secretary-Treasurer*—Barry J. Plunkett, Jr., Aberdeen; *Delegate*—J. Ralph Horky, Churchville; *Alternate Delegate*—M. Dudley Phillips, Darlington; *Journal Representative*—William K. Brendle, Havre de Grace; *Meetings*—Monthly except June and August.

HOWARD COUNTY. *President*—Donald E. Fisher, Ellicott City; *Vice-President*—Peter V. Thorpe, Ellicott City; *Secretary-Treasurer*—Theodore R. Shrop, Ellicott City; *Delegate*—George E. Burgdorf, Jr., Ellicott City; *Alternate Delegate*—Theodore R. Shrop, Ellicott City; *Journal Representative*—Theodore R. Shrop, Ellicott City; *Meetings*—Fourth Friday, January, March, May, September and November.

KENT COUNTY. *President*—A. C. Dick, Chestertown; *Secretary-Treasurer*—Florence D. Joyce, Worton; *Delegate*—Robert W. Farr, Chestertown; *Alternate Delegate*—Willard F. Smith, Rock Hall; *Journal Representative*—Florence D. Joyce, Worton; *Meetings*—On call.

MONTGOMERY COUNTY. *President*—Merrill M. Cross, Silver Spring; *Vice-President*—William T. Joyce, Bethesda; *Secretary*—Charles I. Warfield, Silver Spring; *Treasurer*—Allen J. O'Neill, Bethesda; *Delegates*—John G. Ball, Bethesda, J. W. Bird, Sandy Spring, M. McKendree Boyer, Damascus, Austin B. Rohrbach, Jr., Chevy Chase; *Alternate Delegates*—Robert A. Bier, Silver Spring, Robert A. Hare, Takoma Park, William S. Murphy, Rockville, John O. Robben, Silver Spring; *Journal Representative*—John J. Curry, Silver Spring; *Meetings*—Third Tuesday of each month, September through May.

PRINCE GEORGE'S COUNTY. *President*—Hans Wodak, Greenbelt; *Vice-President*—John W. Perkins, Hyattsville; *Secretary*—Ronald S. Fleischer, Hyattsville; *Treasurer*—William Stecher, Silver Spring; *Delegates*—William B. Hagan, Mt. Rainier, Waldo B. Moyers, Hyattsville; *Alternate Delegates*—John S. Haught, Mt. Rainier, James G. Sasscer, Upper Marlboro; *Journal Representative*—John W. Perkins, Hyattsville; *Executive Secretary*—Mr. David A. McNamee; *Meetings*—First Tuesday of each month.

QUEEN ANNE'S COUNTY. *President*—Irvin G. Hoyt, Queens-town; *Secretary-Treasurer*—Caroline H. Callison, Centreville; *Delegate*—C. Rodney Layton, Centreville; *Alternate*

Delegate—Theodor Sattelmair, Stevensville; *Journal Representative*—H. F. McPherson, Centreville; *Meetings*—Quarterly.

ST. MARY'S COUNTY. *President*—Joseph E. Gill, Leonardtown; *Vice-President*—J. Roy Guyther, Mechanicsville; *Secretary-Treasurer*—William H. Patrick, Lexington Park; *Delegate*—Robert T. Fuchs, Leonardtown; *Alternate Delegate*—Philip J. Bean, Great Mills; *Journal Representative*—William H. Patrick, Lexington Park; *Meetings*—Second Wednesday of each month.

SOMERSET COUNTY. *President*—C. G. RAWLEY, Crisfield; *Vice-President*—A. N. Barr, Crisfield; *Secretary-Treasurer*—Robert H. Johnson, Princess Anne; *Delegate*—George C. Coulbourn, Marion Station; *Alternate Delegate*—C. G. Rawley, Crisfield; *Journal Representative*—A. N. Barr, Crisfield; *Meetings*—On call.

TALBOT COUNTY. *President*—W. N. Palmer, Easton; *1st Vice-President*—P. Evans Cox, Easton; *2nd Vice-President*—A. B. Cecil, Jr., Easton; *Secretary-Treasurer*—Louis S. Welty, Easton; *Delegate*—Thurston Harrison, Easton; *Alternate Delegate*—R. Lane Wroth, St. Michaels; *Journal Representative*—Louis S. Welty, Easton; *Meetings*—Four times a year.

WASHINGTON COUNTY. *President*—Walter H. Shealy, Sharpsburg; *Vice-President*—J. Walter Layman, Hagerstown; *Secretary-Treasurer*—Ernest F. Poole, Hagerstown; *Delegates*—William T. Layman, Hagerstown, Gerald W. LeVan, Boonsboro; *Alternates*—John James Dobbie, Hagerstown, John A. Moran, Hagerstown; *Journal Representative*—Howard N. Weeks, Hagerstown; *Meetings*—January, April, July, October.

WICOMICO COUNTY. *President*—John M. Bloxom, Salisbury; *Vice-President*—Wilbur R. Ellis, Jr., Salisbury; *Secretary-Treasurer*—Joseph J. Tamasi, Salisbury; *Delegate*—Osborne D. Christensen, Salisbury; *Alternate Delegate*—Earl M. Beardsley, Salisbury; *Journal Representative*—Joseph J. Tamasi, Salisbury; *Meetings*—Second Monday of each month.

WORCESTER COUNTY. *President*—Charles W. Trader, Pocomoke City; *Vice-President*—Paul Cohen, Snow Hill; *Secretary-Treasurer*—Thomas L. Jones, Snow Hill; *Delegate*—Robert C. LaMar, Snow Hill; *Alternate Delegate*—Nathaniel R. Thomas, Ocean City; *Journal Representative*—Thomas L. Jones, Snow Hill; *Meetings*—Quarterly.

COMPLETION OF 1957 TRANSACTIONS

Special Article

THE NEW CHANGE IN ZONING REGULATIONS FOR DOCTORS' AND DENTISTS' OFFICES IN BALTIMORE CITY

WETHERBEE FORT, M.D.

Chairman, Zoning Committee of the Baltimore City Medical Society

In December, 1956, Dr. Grant E. Ward, then President of the Baltimore City Medical Society, appointed a committee to study the problem confronting many doctors and dentists with regard to their inability to receive permission from the Zoning Committee of Baltimore to establish offices in certain restricted zones in Baltimore City. He hoped that the Committee might be able to obtain a satisfactory solution of the problem. The members of the Committee were as follows:

Doctors Louis V. Blum, A. S. Chalfant, William G. Helfrich, Lauriston L. Keown, Charles B. Marek, Nathan E. Needle, Ross Z. Pierpont, Richard T. Shackelford, J. Donald Woodruff, and Wetherbee Fort, Chairman.

The problem arose because the pre-existing Zoning Ordinance made no provision for the Zoning Committee of Baltimore to use their own sound judgment in permitting physicians and dentists to establish offices in certain restricted neighborhoods even when there were no objections from the residents.

This Zoning Committee of the Baltimore City Medical Society, together with the representatives of the Baltimore City Dental Society, met with our attorney, Mr. G. C. A.

Anderson, and his associate, Mr. Wilson K. Barnes, to discuss the problem, and to map out a plan of procedure to effect the desired change. Right here, I would like to say, as Chairman of this Committee, that words cannot express my appreciation for the work that these gentlemen did in our behalf. They met on several occasions with us, and as a result, a suitable ordinance was prepared by Mr. Anderson and Mr. Barnes, which was introduced into the City Council by Mr. Jacob J. Edelman, Chairman of the Zoning Committee of the City Council.

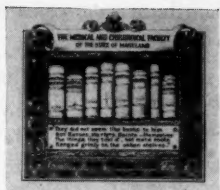
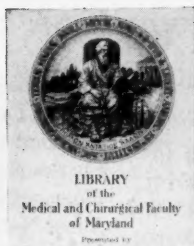
On June 17, 1957, members of the Baltimore City Medical Society met with the City Council of Baltimore and presented their case. After the customary reading, Ordinance 1461 was passed by the Council, and on July 1, 1957, it was signed into law by the Honorable Thomas D'Alesandro, Jr., Mayor of Baltimore. As a result of this action, I am happy to say that I think the problems of the doctors and dentists in locating their offices have now been greatly lessened.

It would be impossible for me to bring this statement to a close without expressing my heartfelt gratitude to Mayor Thomas D'Alesandro, Jr., the Zoning Committee of the City Council, and the members of the City Council of Baltimore for their thoughtful and wise understanding of our problem. We feel certain that the results will be gratifying to all the citizens of Baltimore as time marches on.



SIGNING ZONING ORDINANCE NO. 1461

Reading from left to right: Dr. C. Reid Edwards, Dr. Conrad Acton, Dr. Daniel E. Shehan, Dr. Francis J. Geraghty, Dr. Wetherbee Fort, Mr. G. C. A. Anderson, Mayor Thomas D'Alesandro, Jr., Mr. Philip Heller Sachs, Mr. Hugo A. Ricciuti, Mr. Wilson K. Barnes, Dr. John N. Classen and Dr. Nathan E. Needle.



Library

Louise D. C. King *Librarian*

"Books shall be thy companions; bookcases and shelves,
thy pleasure-nooks and gardens." *Ibn Tibbon*

M. L. A. ANNUAL MEETING

All three of your librarians attended some part of the Annual Meeting of the Medical Library Association which was held in New York the week of May 7th, 1957. The greatest value to be obtained at these gatherings, is from the personal contacts with fellow workers and informal talks on the problems common to all librarians.

Perhaps the most interesting single item of news for our readers, was the announcement of change in lending policy of the National Library of Medicine, formerly the Armed Forces Medical Library. Effective on September first, they will lend only through other libraries, will use their judgment whether to send the original volume or a photostat or microfilm and will permit books to be returned by mail, properly insured. This will result in cheaper transportation charges for the borrower and may mean that the borrower will have a photostat which will be his property to keep permanently. It is too early to say at present, but it may also mean the library will need to purchase a microfilm reader. Certainly, it will necessitate the giving of specific references both for journal articles and for textbooks when only certain pages or chapters are needed.

There was an afternoon devoted to informal discussions on the practical problems of Medical Society Libraries such as: overdue notices, how handled; reference work; and the weeding of "dead wood" from the library. The methods of dealing with these problems are as diversified as there are libraries, but the consensus of opinion was they are real problems, to be dealt with according to the needs

and policies of each institution. It was emphasized however, that the lay reader should be referred to his own physician for certain types of information and that a clear picture of what and how it is to be used, should accompany requests for reference material. Overdues, which are instituted primarily to make the collection available to more readers, were discussed and no way to make them less painful to librarian as well as to the borrower, was promulgated.

The overall subject for the entire meeting was Public Health. A number of papers were devoted to the broad outlines of development in that field which were both stimulating and hopeful for the future.

Your librarians also visited other libraries, large and small, and came back with renewed inspiration to carry them over the coming year.

EXHIBIT OF PHILATELY

During the Annual Meeting in May, the Library had a small exhibit of postage stamps from the collection of Dr. Frank R. Smith, Jr. Because of lack of space, we selected only a few of the stamps issued by various countries of the world in honor of physicians and scientists for display, together with a brief sketch of the man's life and some of the books in our library written by or about him. Our object was twofold: To interest our members in topographical philately and to stimulate the reading of biographies and the outstanding contributions of the men so honored. It is unfortunate we can only list the names here but perhaps this very fact will make you curious enough to write us for a biography or

information on the contribution on which his fame rests.

Ibn Sina or Avicenna.....	980-1037	Rene Laennec.....	1781-1826
Emil von Behring.....	1854-1917	Charles Laveran.....	1845-1922
Claude Bernard.....	1813-1878	Crawford W. Long.....	1815-1878
Christian Billroth.....	1829-1894	Charles Nicolle.....	1866-1936
Hermann Boerhaave.....	1668-1738	Florence Nightingale.....	1820-1910
Albert Calmette.....	1863-1934	Alfred Nobel.....	1833-1896
Marie Curie.....	1867-1934	Hideyo Nogouchi.....	1876-1928
Pierre Curie.....	1859-1906	Paracelsus.....	1490-1541
Paul Ehrlich.....	1854-1915	Ambroise Pare.....	1510-1590
Carlos Finlay.....	1833-1915	Louis Pasteur.....	1822-1895
Jean Fournier.....	1832-1914	Ivan Pavlov.....	1849-1936
William C. Gorgas.....	1854-1920	Johannes Purkinje.....	1787-1889
Christian Hahnemann.....	1735-1843	Santiago Ramon y Cajal.....	1852-1934
Armauer Hansen.....	1841-1912	Walter Reed.....	1851-1902
Hippocrates.....	B. C. 460- 357	William Conrad Röntgen.....	1845-1922
Robert Koch.....	1843-1910	Albert Schweitzer.....	1875-
		Ignaz P. Semmelweis.....	1818-1865
		Rudolf Virchow.....	1821-1902
		Alexandre E. J. Yersin.....	1863-1943

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Write us your problems and we will be glad to help you find the references you may need.

It's your Library, why not use it?

Meeting of Maryland Academy of General Practice

NINTH ANNUAL SCIENTIFIC ASSEMBLY, TIDEWATER INN, EASTON, MD.

October 9 and 10, 1957

For the first time in its history, Dr. Robert W. Farr, President, announced that the Maryland Academy will hold its annual two day meeting and scientific assembly at Easton, on the picturesque tidewater of the Eastern Shore of Maryland. The meeting and scientific assembly will be held on October 9 and 10 at the Tidewater Inn at Easton.

The program designed to bring the member general practitioners up to date on the widest possible range of their practice is the most ambitious one ever offered. Sixteen lecturers and discussants will participate in this two day session. In addition to eleven individual lectures, a panel discussion on heart disease and a meeting of the Committee on Pelvic Cancer will be presented.

The subjects covered include: "Toxemias of Pregnancy," "Approach to Fluid Balance and Blood Electrolysis," "Vascular Disease in Diabetes," "Sound—Both Friend and Foe," "Surgery of Acquired Valvular Heart Disease and Results," "Diagnosis and Treatment of Rheumatoid Arthritis From the Standpoint of the General Practitioner," "Tuberculosis Case Finding, Diagnosis and Treatment for the General Practitioner," "Diagnosis of Heart Disease" (Panel), "Diagnosis and Treatment of Carcinoma in Situ of the Cervix," "Place of Irradiation and Surgery in the Treatment of Cervical Cancer," "The Problem of Ovarian Cancer," and "Cytology in General Practice."

The cost of arranging this scientific assembly, speakers, etc. has been underwritten by Wyeth Laboratories, Maryland Chapter of Arthritis and Rheumatism Foundation, Maryland Tuberculosis Association, Heart Association of Maryland, and Maryland Cancer Society.

Members of the Medical and Chirurgical Faculty, as well as medical residents and interns, are cordially invited to attend. There is no registration fee.

The annual business meeting of the Maryland Academy will follow the afternoon lectures on Wednesday, October 9, at 4:30 P.M. Business for this meeting includes reports of officers and committees and election of officers and delegates for 1958.

Following the business meeting there will be

cocktails and a reception for the officers. This will be followed by the annual banquet at 7:30 P.M., at which the speaker will be the Rev. Robert P. Varley, Th.M., of Salisbury, Md.

The complete program, with a pre-registration card, will be mailed to each member of the Medical and Chirurgical Faculty. Should you fail to receive one, or wish additional ones, write or telephone Mr. William J. Wiscott, 3722 Greenmount Avenue, Baltimore 18, Md., Belmont 5-4772.

WEDNESDAY, OCTOBER 9

- 11:00 a.m. Registration
- 12:00 Lunch
- 1:00 p.m. *Toxemias of Pregnancy*, Dr. Washington C. Winn, Richmond, Virginia
- 1:40 *Approach to Fluid Balance and Blood Electrolytes*, William D. Snively, Jr., M.D., Evansville, Indiana (Courtesy of Mead Johnson Company)
- 2:20 Recess
- 2:30 *Vascular Disease in the Diabetic*, Howard F. Root, M.D., Boston, Massachusetts
- 3:10 *Sound—Both Friend and Foe*, Mr. Leslie Miller, Baltimore, Maryland
- 3:50 *Surgery of Acquired Valvular Heart Disease and Results*, Robert P. Glover, M.D., Philadelphia, Pennsylvania
- 4:30 Annual Business Meeting
- 6:30 Cocktails
- 7:30 Annual Banquet; Address by The Rev. Robert P. Varley, Th.M., Salisbury, Maryland

THURSDAY, OCTOBER 10

- 8:30 a.m. Registration
- 9:00 *Diagnosis and Treatment of Rheumatoid Arthritis From the Standpoint of the General Practitioner*, Dr. Charles W. Wainwright, Baltimore, Maryland (Courtesy of Maryland Chapter, Arthritis and Rheumatism Foundation)
- 9:40 *Tuberculosis Case Finding, Diagnosis and Treatment for the General Practitioner*, Dr. Julius Wilson, Director of Medical Education for the National Tuberculosis Association (Courtesy of Maryland Tuberculosis Association)
- 10:20 Recess
- 10:30 Panel: *The Diagnosis of Heart Disease*: Dr. J. Scott

Meeting of Maryland Academy of General Practice—Continued

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|---|------|--|
| Butterworth, Philadelphia, Pennsylvania; Dr. Victor McKusick, Department of Medicine, Johns Hopkins School of Medicine, Baltimore, Maryland; Dr. Kyle Swisher, Department of Medicine, University of Maryland School of Medicine, Baltimore, Maryland; Dr. Thurston Harrison, Easton, Maryland (Courtesy Heart Association of Maryland) | 2:30 | Recess |
| | 2:40 | <i>Diagnosis and Treatment of Carcinoma in Situ of the Cervix</i> , Dr. Gerald A. Galvin |
| | 3:00 | <i>Place of Irradiation and Surgery in the Treatment of Cervical Cancer</i> , Dr. C. Bernard Brack |
| | 3:20 | <i>The Problem of Ovarian Cancer</i> , Dr. Howard Jones, Baltimore, Maryland |
| 12:00 Lunch | 3:40 | <i>Cytology in General Practice</i> , Dr. John Frost (Courtesy of Maryland Cancer Society) |
| 1:30 Meeting of Committee on Pelvic Cancer: <i>Chairman</i> , Dr. Richard W. TeLinde | | |

THE 1957 FALL MEETING OF THE SECTION OF INTERNAL MEDICINE OF THE
BALTIMORE CITY MEDICAL SOCIETY

MONDAY, SEPTEMBER 30, 1957

8:15 P.M. at 1211 Cathedral Street

DR. FRANZ J. INGELFINGER, Associate Professor of Medicine, Boston University School of Medicine, will speak on "*The Esophagus and Its Disorders*." A business meeting will follow the scientific portion of the program.

STATE OF MARYLAND DEPARTMENT OF HEALTH
MONTHLY COMMUNICABLE DISEASE REPORT

Case Reports Received during 4-week Period, August 2-29, 1957

	CHICKENPOX	DIPHTHERIA	GERMAN MEASLES	HEPATITIS, INFECT. AND SERUM	MEASLES	MENINGITIS, MENINGOCOCCUS	MUMPS	POLIOMYELITIS, PARALYTIC	POLIOMYELITIS NON-PARALYTIC	ROCKY MT. SPOTTED FEVER	STREP. SORE THROAT INCL. SCARLET FEVER	TYPHOID FEVER	WHOOPING COUGH	TUBERCULOSIS, RESPIRATORY	SYPHILIS, PRIMARY AND SECONDARY	GONORRHEA	OTHER DISEASES	DEATHS Influenza and pneumonia
Total, 4 weeks																		
Local areas																		
Baltimore County.....	3	—	1	—	5	—	9	—	—	2	—	11	10	—	—	m-4	2	
Anne Arundel.....	—	—	—	—	—	—	4	—	—	3	1	—	4	—	5	—	2	
Howard.....	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	m-1	—	
Harford.....	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	
Carroll.....	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—	—	2	
Frederick.....	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	
Washington.....	—	—	—	—	—	—	—	—	—	—	—	—	5	—	—	—	1	
Allegany.....	1	—	—	—	—	—	—	—	1	—	1	—	2	—	—	—	—	
Garrett.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Montgomery*.....	—	—	—	—	5	1	3	2	—	1	7	1	1	10	—	7	u-1 m-3	1
Prince George's.....	—	—	—	—	5	—	2	—	—	2	—	—	6	1	10	m-1	3	
Calvert.....	—	—	—	—	—	—	—	—	—	—	—	—	2	1	1	—	—	
Charles.....	—	—	—	—	—	—	—	1	—	—	—	—	1	—	1	—	—	
Saint Mary's.....	—	—	—	—	—	—	1	—	—	—	—	—	2	—	—	—	—	
Cecil.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Kent.....	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	
Queen Anne's.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	
Caroline.....	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	—	
Talbot.....	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	
Dorchester.....	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	e-1	1	
Wicomico.....	—	—	—	—	1	—	1	—	—	—	—	—	4	—	3	—	—	
Worcester.....	—	1	—	—	1	—	—	—	—	—	—	—	2	2	—	—	—	
Somerset.....	—	—	—	—	—	—	—	—	1	—	—	—	3	—	—	—	—	
Total Counties.....	4	1	1	0	18	1	20	2	1	6	12	2	14	63	7	30		13
Baltimore City.....	6	0	10	4	53	0	32	0	0	0	10	1	54	77	26	586		7
State																		
Aug. 2-29, 1957.....	10	1	11	4	71	1	52	2	1	6	22	3	68	140	33	616		20
Same period 1956.....	22	1	15	4	34	3	98	13	0	5	14	2	12	128	11	654		30
5-year median.....	21	1	14	14	65	2	76	57		8	20	4	28	145	18	680		22
Cumulative totals																		
State																		
Year 1957 to date.....	1895	2	243	85	1077	23	1942	8	1	18	779	5	278	1166	170	4658		432
Same period 1956.....	2428	1	1063	74	9217	42	2546	30	5	14	663	15	106	1418	184	4699		483
5-year median.....	3027	10	521	238	3945	34	1798	89		22	1251	13	250	1433	141	5108		444

e = encephalitis

m = meningitis, other than meningococcic

u = undulant fever

* = 2 cases of Asiatic influenza from Montgomery County

NEW DERMATOLOGICAL SOCIETY FORMED

In 1927 the Baltimore and Washington dermatologists formed the Baltimore-Washington Dermatological Society. This organization has functioned over a period of the past 30 years with alternate meetings in Washington and Baltimore on the third Thursday evening of each month. Initially the organization consisted of very few members, but with the passage of time, the increase in population, and the production of more dermatologists, the membership grew quite large. The management of these monthly meetings became an increasingly difficult problem, due to the large number of men in attendance and the difficulties involved in transportation between Baltimore and Washington.

By mutual consent between the Baltimore and Washington dermatologists, it was decided to form two separate societies, one in Baltimore and one in Washington. The committee responsible for arrangements has decided to have two joint meetings a year, one in Baltimore and one in Washington. Each society will hold a regular monthly meeting between September and June.

On Friday, June 28, 1957 the new Baltimore Dermatological Society was created. This society has as its first officers:

Harry M. Robinson, Jr., M.D., President
1024 North Calvert Street, Baltimore 2, Md.

Maurice Sullivan, M.D., Vice President
11 East Chase Street, Baltimore 2, Md.

Stanley N. Yaffe, M.D., Secretary-Treasurer
2 East Read Street, Baltimore 2, Md.

The formulation of the constitution of the new society has been placed in the hands of Dr. Maurice Sullivan and his committee. It is expected that the constitution will follow the pattern established by the American Academy of Dermatology and that the requirements for membership will be the same.

The founding group of the new society is composed of the following:

Dr. H. M. Robinson, Jr.	Dr. Maurice Sullivan
Dr. H. M. Robinson	Dr. Leon Ginsburg
Dr. R. C. V. Robinson	Dr. Lloyd W. Ketron
Dr. Eugene S. Bereston	Dr. H. Hanford Hopkins
Dr. Mark Hollander	Dr. Louis E. Harmon
Dr. John F. Strahan	Dr. Harold Zheutlin
Dr. Stanley N. Yaffe	Dr. Lee Lerman, York, Pa.
Dr. David Bacharach	Dr. Jacob Ludwig, York, Pa.
Dr. William R. Bundick	Dr. Frederic A. Glass
Dr. Albert Shapiro	Dr. David P. Roberts
Dr. Israel Zeligman	Dr. Vaughen H. Link
Dr. Morris M. Cohen	Dr. Mark Krowl
Dr. Francis A. Ellis	Dr. Milton Cohen, York, Pa.

This organization does not replace the Dermatological Section of the Baltimore City Medical Society.